OR WRITE PLAINLY, WITH

TYPE

PLEASE

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1997 CERTIFICATE OF DEATH Reg. Dir.

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY Washington MARYLAND	STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town) (in this place)	CITY(If outside corporate limits, write RURAL and give nearest town) OR
O3 TOWN Hagerstown 17 days	TOWN Hagerstown
HOSPITAL OR	STREET (If rural give location)
SISTREET ADDRESS Wash. Co. Hospital	ADDRESS 250 North Mulberry Street
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
DECEASED: (Type or Print) Verna D.	Illamong DEATH: Feb. 9 19 55
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE	OF BIRTH: 9. AGE last birthday IF UNDER I YEAR IF ONDER 24 HRE.
Female White Specify Divorced April .	27, 1884 70 yrs. Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired). OR INDUSTRY: OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT COUNTRY? Keyser, W. Va. U.S.A.
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Sanford L. Baker	Sallie C. Allamong
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:
(Yes, no, or unk.) (If Yes, give war or dates NONE	Mrs. Ruth Gorley, Glen Burnie, Md.
18. MEDICAL CERTIFICAT	TION INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
2.96x BA.O.	Time Quanting) 1111
IMMEDIATE CAUSE (A) DUE TO	ne country
ANTECEDENT CAUSE (S)	7 0
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	y apenic Purpusa J years
1 24 1 (C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE	alia Late banto
DISEASE OR CONDITION CAUSING DEATH.	, acres order
198. MAJOR PINDINGS OF OPERATION	20. AUTOPSY1
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factor contributing CAUSE OF DEATH OF INJURY street, office bldg., (if either, notify medical examiner)	tory. 21C. WHERE DID (City or town) (County) (State)
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	21F. HOW DID INJURY OCCUR?
	1 , 1957, to 2 - 4, 1950, that I last saw the deceased
	3:07 P.M. from the causes and on the date stated above.
SIGNATURE , 19 9, and that death occurred at	ADDRESS DATE SIGNED
1 000	D. Harrotum 2-11-5-3
	ERY OR CREMATORY LOCATION (City, town, or county) (State)
REMOVAL (SPECIFY) Rurial 2-12-1955 Rose Hill	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE /	24. FUNERAL DIRECTOR ADDRESS
HEST 72,1955 ChasfBowers	C. M. Suter & Sons, Hagerstown, Md.

DANKER, I ARE THE SHE SHE SHE THE RESERVE STATE OF A SHARE SHARE

BUREAU V. S.

FEB IS 1955

DECENTED

2411 N. Charles Street, Baltimere

Dr Ditto

CERTIFICATE OF DEATH

Reg. Diet No 302

	neg Dist No
1. PLACE OF DEATH- COUNTY,	2. USUAL RESIDENCE (HOME) OF DECEASED.
Washington Maryland	**ATShington Washington
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give nearest town) (in this, place)	OR CITY (If outside corporate limits, write RURAL and give nearest town)
Optown Hagerstown 8 Hrs	Town nagerstown
HOSPITAL OR INSTITUTION OR W. 1. C	STREET (If rural, give location)
8/ STREET ADDRESS W. sh. County Hospital	751 Spruce St.
3. NAME OF (First) (Middle) DECEASED	(Last) 4. DATE (Month) (Day) (Year)
(Type or Print) Baby Boy Baker Hittelian Maria	DEATH FEDY 22 1955 19
6. SEX Male White 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single	S. DATE OF BIRTH 9. AGE last birthday If under 1 year If under 24 hrs. Hours Min. Months Days Hours Min.
10a, USUAL OCCUPATION (Give kind of work 10b, Kind of Business on	11. BIRTHPLACE (State or foreign country) 12. Critical OF What
None	Hagerstown Md. USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Charles Maynard Baker	Janice B. Miller
15, Was Decrased Ever In U.S. Armed Forces? 16. Social Security No.	17. INFORMANT AND ADDRESS
(Yes, no, or unknown) (If yes, give war or dates of None	Charles M. Baker
18. MEDICAL CE	RTIFICATION
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATE
776 X D 1/ x	
Immediate cause (a) I re water it y	To see the second of the secon
Antecedent cause(s) Diseases or conditions, if any, gying rise to the above cause stating the underlying cause last (c)	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY1
	Yes & No C
21. ACCIDENT (Specify) PLACE (Home, farm, factory, strest, OF office bldg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While INJURY m. Work At work	HOW DID INJURY OCCUR!
22. I hereby certify that I attended the deceased from Fab. 2.	
alive on F.c. b. 22, 1951., and that death occurred at SIGNATURE (Degree or title)	ADDRESS DATE SIGNED
Edward W. WHOIII MI) 2	17 W. Washing ton St. 2/20/55
REMOVAL (Speedly) 2/23/55 Rest Haven	Cenetery Hagerstown M.d. (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
Je0, 43, 1955 CMASITI JOWERN	Andrew K. Coffuan Hagerstown Md.

The correct age

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

BUREAU V. S.

HEB 58 1822

BECENED

The correct age

VS. A15

2956

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01985

Reg. Dist. No. - 305-

CERTIFICATE OF DEATH

		01
1. PLACE OF DEATH /	2. USUAL RESIDENCE (HOME) OF DECEASED- /	Midwolls
COUNTY	STATE COUNTY	1121- 1-
MARYLAND MARYLAND	Maryning	111711/2009
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give pearest town) (in this place)	CITY (If outside corporate limits, write RURAL and giv	re nearest town)
X TOWN BATTABART MG 21/ YEARS	TOWN Cural Kemptour Ires	franket a ilea
HOSPITAL OR	STREET (If rural, give location)	ereck - chy
INSTITUTION OR / OA III	ADDRESS	108-21
TO STREET ADDRESS Tultore (MASING TOWNY		, - x
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month)	(Day) (Year)
DECEASED	Drail OF	(Day) (Year)
(Type or Print)	JALL DEATH	11 1955
6. COLOR OR RACE 7. SINGLE, MARRIED,	8. DATE OF BIRTH 2. AGE last birthday If under	I vest III under 24 hrs
WIDOWED, DIVORCED,	(36 1 1 165) Mooths	Days Hours Min.
Change Hart (Specify) (solor)	107 VVV /3 /3 /3 / 4 / YTE.	
10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12	CITIZEN OF WHAT
done during most of working life, even if retired) INDUSTRY	Latrobrock & D MIN	COUNTRY?), C
13. FATHER'S NAME		113/1
IS. FATALAS NAME	14. MOTHER'S MAIDEN NAME.	
Chillman (Vanson	1110rd 15mg	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 18. SOCIAL SECURITY NO.	17 INFORMANT AND ADDRESS	1 6
(Yes, no, or unknown) (If yes, give war, or dates of	The Roberts of the Party of the	61 - 1
[auryice)	Mount Beaution	where my
18. MEDICAL CE	RTIFICATION	
	1	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	1 1- 1	OMET AND DEATE
4200	relevative Agast	1
Immediate cause (a)	wie we Near	0 9-6
Inimetrate cause	the same of the sa	The state of the s
Antecedent cause(s)		1
Diseases or conditions, if sny, (b)		1
giving rise to the above cause	TRANS - 20 TH COMPANY (2007) of MAX (MAX (MAX (MAX MAX MAX MAX MAX MAX MAX MAX MAX MAX	I by not on my visit and the administration of the first state of
statiog the underlying cause last		1
(6)		1
II. OTHER SIGNIFICANT CONDITIONS		
Conditions contributing to the death but not		
related to the disease or condition causing death.		
19a, DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		av. MOTOIDI,
		Yes No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY)	(STATE)
SUICIDE OF office bldg., etc.)		
HOMICIDE INJURY	· · · · · · · · · · · · · · · · · · ·	
OF (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While	HOW DID INJURY OCCUR?	
INJURY m. Work At work		
- 1 0		
22. I hereby certify that I attended the deceased from	10715 to VOK 1/ 2010 that I land a	am the last
22. I hereby certify that I attended the deceased from the	, 19 Its, to Vet 11, 19 3, that I last s	aw the deceased
Trade 10 months	7 1	
alive on 19,000, and that death occurred at	m., from the causes and on the date st	ated above.
SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
CAMPIAN Y K	And some a line	2-1 1
- WILL LANGE 11.10	MILCONELLO TO	112/5
23. BURIAL CREMATION DATE THEREOF NAME OF CEMETE	RY OR CREMATORY LOCATION (City, town, or count	(g) (genes)
REMOVAL (Specity)		(State)
Burial hotel 13/93/Delluschay.	11/00/12 (millio 1).	iterroff 1.14
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24) FUNERAL DIRECTOR	ADDRESS
ORAG.	Kust 111 Bankita dest	1113
+18 my . 12. 1953 Jaly II. Class	WI W. War College	11111111

BUREAU V. S.

DECEINED

CERTIFICATE OF DEATH

Dr Wells

Reg. Dist. No.302 FOR MEDICAL EXAMINERS 2. USUAL RESIDENCE (HOME) OF DECEASED I. PLACE OF DEATH. Wash ington COUNTY Marryland Washington MARYLAND CITY (If outside corporate limits, write RURAL and give nearest town) CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR TOWN SIEGES PSTOWN R (in 1 this Blace) Hagerstown R TOWN HOSPITAL OR INSTITUTION OR STREET ADDRESS SECURITY STREET (If rural, give location) ADDRESS Security (Last) 4. DATE (Month) (Day) (Year) 3. NAME OF (Middle) DECEASED Febv 20 1955 DONNA JEAN BINGAMAN DEATH (Type or Print) 7. SINGLE, MARRIED. WIDOWED DIVORCED, (Specify) Single 9. AGE last birthday | If under I year | If under 24 hrs. | Months | Days | Hours | Min. 8. DATE OF BIRTH 6. COLOR OR RACE White Dec Fenale 12. CITIZEN OF WHAT 11. BIRTHPLACE (State or foreign country) 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR done during most of working life, even if retired) INDUSTINIant Hagerstown Md. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME David Bingaman Dorothy Fitzgerald 17. INFORMANT AND ADDRESS 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes, give war or dates of David Bingaman None 18. MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH acute broncho pneumonia 6hrs Immediate cause Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last II. OTHER SIGNIFICANT CONDITIONS diarrhea(cuase unknown) Conditions contributing to the death but not related to the disease or condition causing death. 20. AUTOPSY1 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION none PLACE (Home, farm, factory, street, OF office bldg., etc.) none (CITY OR TOWN) (COUNTY) (STATE) 21. EXTERNAL CAUSE WAS PRIMARY | OR CONTRIBUTING | CAUSE OF DEATH. INJURY HOW DID INJURY OCCUR? INJURY OCCURRED TIME (Month) (Day) (Year) (Hour) While at Nnt while none INJURY work at work 22. I certify that I took charge of the remains described above, held an Autopsy []. Inspection [X Inquiry [] thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the dry stated above, and death in my opinion resulted from: natural causes accident , suicide , homicide , undetermined .

DEPUTYD MEDICALLED XAM. ADDRESS DATE SIGNED SIGNATURE 115 N. Potomac St- Hagerstown, Md. WASH, CO., MD. NAME OF CEMETERY OR CREMATORY 23. BURIAL, CREMATION LOCATION (City, town, or county) Cemetery Ha Rose Hill andrew K. Coffnan Hagerstown Md

of information carefully. death clearly and legibly. Supply every Item write the causes of INK. NFADING 1 Physicians: important. PLAINLY, sespecially i

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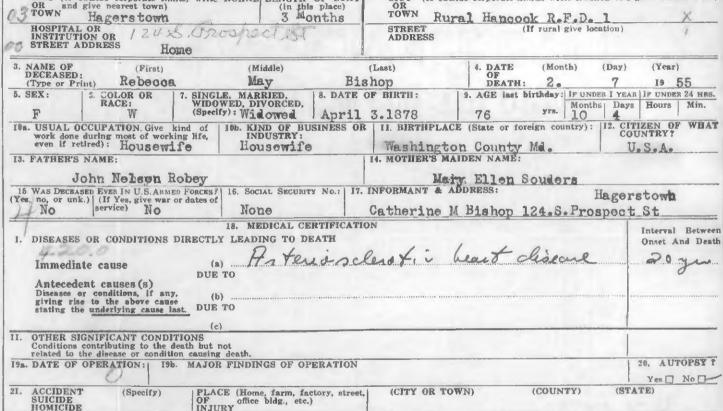
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PLACE OF DE

COUNTY CITY (If outsic

MARYL. 1999	AND STATE DEPAR			LTH EA'			E, 18	() 1 ist. No	987	2
ATH:			2. USUAL RE	SIDEN	CE (HOME)	OF DE	CEASED			
nearest town)	its, write RURAL LENGTH (in this 3 Mo	OF STAY	CITY (lf	outside	or de la Masser de la Mancoca (1	its, writ	e RURAI	and g	ive near	est town)
(First)	(Middle)		(Last)	1	4. DATE OF	(Mont	h) (Day)	(Year)	
Rebecca	May	Bis	shop		DEATH:	2.		7	19	55
COLOR OR RACE: W	7. SINGLE. MARRIED, WIDOWED, DIVORCED, (Specify): Widowed	8. DATE	of BIRTH:	9.	AGE last b	irthday: yrs.	Months 10	Days	Hours	Min.
PATION Give king most of working Housewi	ing life. INDUSTRY:	SINESS OF	Washing	ton	County		ntry): I		ZEN OI NTRY? S.A.	F WHAT
ME:			14. MOTHER'S	MAIDE	N NAME:					



TIME (Month) (Day) (Year) (Hour) INJURY OCCURED HOW DID INJURY OCCUR? While at Not While At Work INJURY 22. I hereby certify that I attended the deceased from Jan 26, 1905, to Feb. 2, 1955, that I last saw the deceased , and that death occurred at 1/20 1914, from the causes and on the date stated above. alive on the b (Degree or title)

BURIAL, CREMATION, NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) REMOVAL (Specify) Burial 2.10.55 Washington Me

Ceme tery S DATE REC'D BY LOCAL

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BUREAU V. E.

FEB 11 1952



VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01988

2000 CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:	2 USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY Washington MARYLAND	STATE Maryland COUNTYWash.
CITY (If outside corporate limits, write RURAL LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give nearest town)
TOWN Hagerstown 54 yrs.	TOWN Ha gerst own
HOSPITAL OR INSTITUTION OR INSTITUTI	STREET (If rural give location)
2/ STREET ADDRESS Wash. County Hospital	437 Summit Ave.
(1) FO OF TIME)	/CLRST) 4. DATE (Month) (Day) (Year) OF DEATH: Feb. 4 1955
Female S. COLOR OR T. SINGLE, MARRIED, WIDOWED DIVORCED July	OF BIRTH: 9. AGE iast birthday: If UNDER I YEAR IF UNDER 24 HRS. 10, 1893 9. AGE iast birthday: If UNDER I YEAR IF UNDER 24 HRS. Months: Days Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if refreerk 10b. KIND OF BUSINESS OF INDUSTRY: County Agent	Clearspring Md.
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Charles D. Knepper	Ann E. Miller
15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No.: 17. (Yes, 'no, or unk.) (1f Yes, give war or dates of	INFORMANT & ADDRESS:
Mo service)	r. L. L. Bowers Hag. Md.
18. MEDICAL CERTIFICATI	ON Interval Between
i. Diseases or conditions directly Leading to Death	Onset And Death
Immediate cause (a)	1. Ocelusion 2 works
Antecedent causes (s)	cluster Hant Sie Gen
Diseases or conditions, if any, (b)	schulie Head Seeson 3 gm
giving rise to the above cause stating the underlying cause last. DUE TO	
(c)	
 OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 	
19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY ?
A ACCOUNTY	Yes 🗆 No 🔂
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(COUNTY) (STATE)
TIME (Month) (Day) (Yesr) (Hour) INJURY OCCURED While at Not While INJURY m.	HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from >	.,194 4, to .2 - 4, 1954, that I last saw the deceased
_ ,	from the causes and on the date stated above. ADDRESS DATE SIGNED
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETE	RY OR CREMATORY LOCATION (City, town, or coupty) (State)
Eurial (Specify) 2-7-55 Rose Hill	Cemetery Hagers town Md.
DATE REC'D BY LOCALI REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
- TREGISTHARY 955 Chast Jowers	Scott F. Minnich & Son Hag. Md.

Andrew K. Coffnan-Hagerstown,

CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

Reg. Dist. No. 300

I. PLACE OF DEATH. 2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY STATE West Virginia Washington MARYLAND CITY (If outside corporate limits, write RURAL and) LENGTH OF STAY CITY (if outside corporate limits, write RURAL and give nearest town) TOWN BURAL-Sharpsburg
HOSPITAL OR
INSTITUTION OR
STREET ADDRESS

Below Riv (in this place) Kearneysville TOWN (If rural, give location) Below River bridge over ADDRESS Potomac on State Hyw.#3 3. NAME OF (Last) 4. DATE (Month) (Day) (Year) DECEASED Thomas (Type or Print) Cherry Feb. DEATH 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married 8. DATE OF BIRTH 9. AGE last birthday If under 1 year | If under 24 hrs | Months | Dmys | Hours | Min. May 27 1886 68 : White 10a. USUAL OCCUPATION (Give kind of work done with most of working life even if retired) 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT COUNTRY USA INDUSTRY Quarries West Virginia
H. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Patrick Cherry Mary Dockery 17. INFORMANT AND ADDRESS 15, WAS DECRASED EVER IN U.S. ARMED FORCES! 16. SOCIAL SECURITY NO. Kearneysville.W. (Yes, no or Jnknown) (If yes, ghe war or dates of 3 (Wife) 1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH Crushed chest, hemorrhage & shock Immediate cause Antecedent cause(s) closed fractures of rt & left humerus 5min Diseases or canditions, if any, giving rise to the above cause stating the underlying cause iast II. OTHER SIGNIFICANT CONDITIONS Conditions contributing in the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY1 21. EXTERNAL PAUSE WAS PRIMARY OR CONTRIBUTING OF office bidg., etc.) PLACE (Hnme, farm, factory, street, (CITY OR TOWN) (STATE) Sharpsburg, Shepherdstown bridge MG . CAUSE OF DEATH. TIME (Month) (Day) (Year) (Hour) HOW DID INJURY OCCUR? INJURY OCCURRED While at 10A m. Jumped off of bridge work at work D 22. I certify that I took charge of the remains described above, held an Autopsy . Inspection I Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, and then said deceased died on the day stated above, and death in my opinion resulted from: natural causes , accident], suicide &, homicide , undetermined]. SIGNATURE DATE SIGNED Hagerstown, Maryland WASH. CO, MB. BURIAL, CREMATION REMOVAL Specify) Buria NAME OF CEMETERY OR CREMATURY | LOCATION (City, town, or county) Green Hill Cometery Martinsburg, West ADDRESS Reb. 1955! Sunar DATH REC'D BY LOCAL Albert L. Leaf - Williamsport Md.

carefully.

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ly every item the causes of d

Supply write t

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PLAINLY,

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CERTIFICATE OF DEATH

Reg. Dist. No. 303

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY Washington MARYLAND	STATE Pa. COUNTYFranklin
CITY (If outside corporate limits, write RURAL LENGTH OF STA	CITY (If outside corporate limits, write RURAL and give nearest tow
OR and give nearest town) TOWN Rural. Clearspring (in this place) 1 Day	TOWN Waynesboro X - 3
HOSPITAL OR	STREET (If rural give location)
INSTITUTION OR STREET ADDRESS Gateway Nursing Home	ADDRESS 164 S. Mulberry St.
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
(Type or Print) William H.	Fitz DEATH: Feb. 4. 19 55
5. SEX: 5. COLOR OR 7. SINGLE, MARRIED, 8. DAT WIDOWED, DIVORCED,	E OF BIRTH: 9. AGE [ast birthday: If UNDER I YEAR If UNDER 24 BR Months Days Hours Min.
Male White (Specify): Married Au	g. 27. 1889 65 yrs.
10a. USUAL OCCUPATION Give kind of 10b. KIND OF BUSINESS work done during most of working life, INDUSTRY:	OR 11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WH.
even if retired): Janitor Frick Co.	Waynesboro Pa. U.S.A.
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Ellsworth Fitz	Susan Samson
15 WAS DECRASED EVER IN U.S.ARMED FORCES / 16. SOCIAL SECURITY NO.: (Yes, no, or unk.) (If Yes, give war or dates of	17. INFORMANT & ADDRESS:
service) 173-03-1500	mis. John O. Reynolde, Waynesboto Pa
18. MEDICAL CERTIFICA	TION Interval Betw
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	Onset And De
Immediate cause (a) Consider (Heart Tarlure solar
DUE TO	· B 1-+
Antecedent causes (s) Diseases or conditions, if any, (b)	we Kronchilis
giving rise to the above cause stating the underlying cause last. DUE TO	
(c) Ma	lunder leves
11. OTHER SIGNIFICANT CONDITIONS	
Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATIO	N 20. AUTOPSY
As ACCUPANY	Yes No
21. ACCIDENT (Specify) SUICIDE HOMICIDE (Specify) PLACE (Home, farm, factory, str office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Ilour) INJURY OCCURED OF While at Not While INJURY m, Work \(\begin{array}{cccccccccccccccccccccccccccccccccccc	HOW DID INJURY OCCUR?
	20,1955, to 2 - 4, 1955, that I last saw the decease
	If my, from the causes and on the date stated above.
SIGNATURE (Degree or title)	ADDRESS DATE SIGNED
I when V' known M.	W. Wayherbon 19: 2-5,55
REMOVAL (Specify)	TERY OR CREMATORY LOCATION (City, town, or county) (State)
Burial 2/8/55 Prices DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	Waynesboro, Franklin Pa., #
REGISTRAR	OIL At 71 4 and 11 and 0
the first took a shural	walker 4 strove waynestors [a_

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- MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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CERTIFICATE OF DEATH

Reg. Dist. No. 302

	2	: DUUI CERTIFICATE	OF DESERTE Reg. Dist.	140.
carefully.		1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED	
ref	COUNTY Washington MARYLAND	STATE Md. COUNTY Washi	ngton	
		CITY (If outside corporate limits, write RURAL LENGTH OF STAY	CITY If outside corporate limits, write RURAL at	nd give nearest town)
		OR and give nearest town) (in this place) Y TOWN Haterstown rural life	or Town Hagerstown	X
	nat ly	HOSPITAL OR	STREET (If rural give location)	7
	forn	M STREET ADDRESS Route 2	ADDRESS Route 2	
	f in	DECEASED	OF a	myl (Year)
	o o	(Type or Print) John Edward	Gigous DEATH. 2 2	2 19 55
		male white Single, Married 8 Date Widowed Divorced, Specify): widowed July 20,	9. AGE last birthday IF UNDER I VE Months Da	Ays Hours Min.
	ery	IOA. USUAL OCCUPATION (Give kind of) 108. KIND OF BUSINESS	11. BIRTHPLACE (State or foreign country): 12. (SITIZEN OF WHAT
S.	causes	work done during most of working life. even if retired): chauffer OR INDUSTRY: own business	Washington County	QUINTRX?
BINDING	Supply te the c	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
Ä	Sup te t	Benjamin H. Gigous	Amanda Thomas	
	•—	is. Was Deceased Ever in U.S. Anned Forces: ts. Social Security No. (Yes., no., or unk.) (If Yes., give war or dates	17. INFORMANT & ADDRESS:	
FOR		1 no of service) none	R. Russell Gigous Hagerstown,	Md. R2
. 63		18. MEDICAL CERTIFICATI	ON	INTERVAL BETWEEN
VE	ADING s: ple	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	E 1 0 1 7-1	ONSET AND DEATH
ER	AI 18:	IMMEDIATE CAUSE (A)	Enolo Eardilio	Lyller
RESERVED	TH UNFAI	ANTECEDENT CAUSE (S)	' and a	
	ysir	DISEASES OR CONDITIONS, IF ANY, (B) MULT	raf Icherosio	16 years
MARGIN	WITH it. Phy	GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST.		
R	it.	(C)		
MA	AINLY, Wimportant.	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE		
	17 10	DISEASE OR CONDITION CAUSING DEATH		
	AINLY import	194. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
				YES NO
I	1 =	21A. ACCIDENT WAS UNDERLYING 21B PLACE (Home, farm, facto OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., a (if either, notify medical examiner)	ory. 21c. WHERE DID (City or town) (Counts etc. INJURY OCCUR?	(State)
_	and the second	21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M. 21E INJURY OCCURRED While at work at work	21F. HOW DID INJURY OCCUR?	
	OR e is	0	The test of the state of the st	
	bo	22. I hereby certify that I attended the deceased from		
ã	Δ.,	alive on 740, 1933, and that death occurred at	(ADDRESS A C.) ADDRESS	tated above. E SIGNED /
2	2	MITTER Suwer M.	Filipan Addona hild	2/22/55
1	SE	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETE	RY OR CREMATORY VOCATION (City, town, for	county) (State)
2	PLEASE	burial 2-24-55 Rose Hill	Hagerstown,	Md.
*	P		24. FUNERAL DIRECTOR	ADDRESS
>		Fig. 27, 1955 Chast, Lowers	Fred W. Kraiss Hagerstown, M	id.

FUTUAL V. S.

CERTIFICATE OF DEATH

		2002 CHILITORIE	OF DEATH Reg. Dist.	. 140. 0
carefully	legibly.	1. PLACE OF DEATH: 2	. USUAL RESIDENCE (HOME) OF DECEASE	D:
9	gi	COUNTY WASHINGTON MARYLAND	STATE MARYLAND COUNTY WAS	15 t n t C
8	Je j	COUNTY WASHINGTON MARYLAND CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	CITY(If outside corporate limits, write RURAL a	nd give nearest town)
Hilliam In.		OR and give nearest town) (in this place)	OR	ing Bire incuted sowil)
item of information	and	X TOWN TREGO 3 WEEKS	TOWN SHARPSBURG.	
8	⊳	HOSPITAL OR	STREET (If rural give location)	1
	clearly	INSTITUTION OR	ADDRESS	8
9	ije	CHMISON NUKSING - HOME		
÷	0	3. NAME OF (First) (Middle) (Las		Day) (Year)
of	atl	DECEASED: (Type or Print) LULA WYSONG GLA	455 DEATH-FEBRUARI	10 ===
E	death	(Type or Print) U.A. WYSONC. G.L.	BIRTH: 9. AGE last birthday I r UNDER I V	EAR IF UNDER 24 HRS.
it.	of	RACE: WIDOWED, DIVORCED,	Months D	
b,		RACE: WIDOWED, DIVORCED, (Specify) WIDOWED MARCH (Spec	3 - 1891 63-10-27 78	
G every	causes	10A. USUAL OCCUPATION (Give kind of 108 KIND OF BUSINESS 11	. BIRTHPLACE (State or foreign country): 12,	
6 0	T) B	even if retired):	11	COUNTRY?
Z E	- 1	HOUSE WIFE OWN HOME	4. MOTHER'S MAIDEN NAME:	4.S.A.
<u>G</u>	the	13. FATHER'S NAME:	4. MOTHER'S MAIDEN NAME:	
FOR BINDING INK. Supply ev		ADAM SEEK FORD	VIRGINIA SEEKFO	
<u>m</u>	write	18, WAS DECEASED EVER IN U.S. ARMED FORCES! IS. SOCIAL SECURITY NO. 1	7, INFORMANT & ADDRESS:	S. D.
K K	3	(Yes, no, or unk.) (If Yes, give war or dates		
FO	30	No of service) NONE N	AR, LUCUS - SHAPHERDSTON	INYVVA
0 5	8	18. MEDICAL CERTIFICATION		INTERVAL BETWEEN
	Ta	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
SRVED		260X	lematic complia reconstruction	C 35
E E	28	IMMEDIATE CAUSE (A) AFTUETTOSCI	lerotic cardio-vascular	5 vr. plus
RESE	iai	ANTECEDENT CAUSE (8)	disease	
MARGIN RESERVED Y, WITH UNFADING	Physicians		es mellitus	6 Yr. plus
ZE	þ.	GIVING RISE TO THE ABOVE CAUSE DUE TO		
GIN	핔	STATING UNDERLYING CAUSE LAST.		
W	یہ	(C)		
4 (.	important.	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	Compiners of here	C 35-
2 3	rt	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	es Carcinoma of breast	5 Yr.
Z	ď	19A, DATE OF OPERATION: 19B, MAJOR FINDINGS OF OPERATION		
AINLY	.를			20. AUTOPSY?
7	>	about 4 years ago carcinoma of	breast	YES NO
1 3	especially	21A ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factory. OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc.	. 21c. WHERE DID (City or town) (Count INJURY OCCUR?	y) (State)
	De.	(IF EITHER, NOTIFY MEDICAL EXAMINER)	1	
	63	21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while	21F. HOW DID INJURY OCCUR?	
A	82	M. at work at work		
O HO		22. I hereby certify that I attended the deceased from1950	10 1 1/21 1055 11 171 1	
	age		· ·	
		alive on Jan. 31 .19.55 and that death occurred at 2	A M, from the causes and on the date	stated above.
7	Ct	SIGNATURE A A A A	ADDRESS DAT	TE SIGNED
H	correct	Maller Forman) M. D.	Sharpsburg, Md. Feb. 2,	1955
PLEASE TYPE	0		OR CREMATORY LOCATION (City, town, or	county) (State)
₹ V		REMOVAL (SPECIFY)		
巨			LEMETERY SHEPHER DSTOWN	M.VA.
L L		DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
		REGISTRARY 3, 55 ins Natherine Nagernary V	NM. F. BAST AND SONS B	CONSBORO MD.
		out of in the of winder out the said	THE STATE OF THE PROPERTY OF T	VURS IND ICO INTO.

VS. A15-10-53

ECHEVO X Z

FB & 1822

MY Aller

A15

VS.

MARYLAND STATE DEPARTMEN	T OF HEALTH BALTIMORE, 18	01998
CERTECATI	E OF DEATH Reg. Dist.	No. 305
Item 7, Filmg178 3-9-55 et		
	2 USUAL RESIDENCE (HOME) OF DECEASED:	102
county Washington MARYLAND	STATE COUN	The same of the sa
CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town) (in this place)	CITY (If outside corporate limits, write RURAL at	nd give nearest town)
X Town Breathedsville (in this place)	TOWN Cedar Heights	164-
IIOSPITAL OR INSTITUTION OR	STREET (If rural give location)	
92 STREET ADDRESS & State Ref for hales	Hunt Place N.W.	
A) (Year)
3. NAME OF (First) (Middle) DECEASED: ADTUID	OF T	
	OF BIRTH: 19. AGE last birthday: If UNDER I Y	EAR IP UNDER 24 HRS.
RACE: WIDOWED, DIVORCED,	Months Da	lys Ilours Min.
	7 0 4000	TITIZEN OF WHAT
10a. USUAL OCCUPATION Give kind of 10b. KIND OF BUSINESS OF work done during most of working life, INDUSTRY:		USA *
even if retired: 13. FATHER'S NAME:	Masnington D. C.	-
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
Arthur Green Sr	Enma A. Green	
15 Was Dropping Fund In II C Appen Forces 21 16 Social Springery No. 1 17.	. INFORMANT & ADDRESS:	
(Xes. no. or unk.) (If Yes, give war or dates of 578-18-8493 Mc	1 State Reformatory Files	
18. MEDICAL CERTIFICATI	ION	Interval Between
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	~	Onset And Death
002X	lunousry Interculous	442
Immediate cause (a)	y	., , .,
Antecedent causes (s)		
Diseases or conditions, if any, (b)	985 - 4 - 12 - 12 - 14 - 15 - 15 - 15 - 15 - 15 - 15 - 15	•
stating the underlying cause last. DUE TO		
(c)		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not	Work	
related to the disease or condition causing death. 19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY ?
191, DATE OF OPERATION: 170. MAJOR PRODUCES OF OPERATION	· ·	Yes No D_
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street	LI (CITY OR TOWN) (COUNTY) (8	STATE)
2I. ACCIDENT (Specify) SUICIDE (Specify) IIOMICIDE (Specify) INJURY PLACE (Home, farm, factory, street office bldg., etc.)		
TIME (Month) (Day) (Year) (Hour) INJURY OCCURED	HOW DID INJURY OCCUR?	
OF While at Not While INJURY m. Work □ At Work □		
22. I hereby certify that I attended the deceased from /e/	1953 to 2-26 1955, that I last	saw the deceased
1. 26 10 \$ 5	2 55 7. w , from the causes and on the date	atatad abovo
alive on 4	ADDRESS, DI	ATE SIGNED
	Hagers Town Med 2	-26-55
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETE	CRY OR CREMATORY LOCATION (City, town, or co	unty) (State)
Burial (Specify) 1/2/55 -oodlawn 0	, ,	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE RECISTRARY 1955	24. FUNERAL DIRECTOR Andrew K. Coffnan Hazerst	ALPERANCE
CONTRACTOR OF CO		

BECEIVED

BUREAU K. E.

REGISTRAR'S SIGNATURE

DATE REC'D BY LOCAL

(Day)

COUNTRY?

W- S.A.

(Year)

ONSET AND DEATH

20. AUTOPSY2

(County)

24. FUNERAL DIRECTOR

AND

DATE SIGNED

ADDRESS DOLLISTARO

NO X

(State)

BUNEAU V. S.

PLEASE TYPE

VS. A15-10

02000 MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

2006	CERTIFICATE	OF	DEATH
W J G G			

Reg. Dist. No. 302

Albert L. Leaf Williamsport, Md.

1. PLACE OF DEATH.	2 USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY Washington MARYLAND	STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL LENGTH OF STAY	CiTy(If outside corporate limits, write RURAL and give nearest town)
OR and give nearest town) (in this place) 20 yrs.	TOWN Hagerstown
HOSPITAL OR	STREET (If rural give location)
INSTITUTION OR	ADDRESS
STREET ADDRESS 755 W. Washington St.	755 W. Washington St.
DECEASED	(Last) 4. DATE (Month) (Day) (Year)
(Type or Print) Thomas Jefferson Groo	
5. SEX- 6 COLOR OR 7 SINGLE, MARRIED, 8 DATE WIDOWED, DIVORCED,	OF BIRTH 9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 HRS.
Male White Marriled Feb.	6.1860 94 yrs. 11 25 Hours Min.
IOA. USUAL OCCUPATION (Give kind of 108 KIND OF BUSINESS	11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT
work done during most of working life. even if retired) Laborer Tannery	McCovs Ferry Wash.Co.Md. USA
13. FATHER'S NAME:	McCoys Ferry Wash.Co.Md. USA
John Grooms	Susam Ainsworth
15. Was Deceased Eyes In U.S. Armed Forces: 16. Social Security No.	17, INFORMANT & ADDRESS.
(Yes, no, or unk.) (If Yes, give war or dates NONE	Mrs.Florence Grooms-Wife
18. MEDICAL CERTIFICAT	755 W. Washington St. Hagerstown
I' DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
420.0	retic Heart Diseas with 10 yrs 7
IMMEDIATE CAUSE (A)	The state of the s
ANTECEDENT CAUSE (8) My RANGE	factures
STATING UNDERLYING CAUSE LAST	
(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING DEATH.	
194. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION	N 20. AUTOPSY?
More	YES NO NO
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact of CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	tory, 21c. WHERE DID (City or town) (County) (State)
210. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED	
OF INJURY While Not while at work	
DO There is a side of the transfer of the land of the	, 1950, to / fob , 1953, that I last saw the deceased
	. A
alive on 3/9 , 190., and that death occurred at	4:30 °M, from the causes and on the date stated above.
SIGNATURE	ADDRESS DATE SIGNED
	ERY OR CREMATORY LOCATION (City, town, or county) (State)
REMOVAL (SPECIEV)	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
REGISTRAR 1955 WEASH HOWERS	Albert L. Leaf Williamsport Md.

L. Leaf Williamsport Md.

SECENTED SEC

SZGI A AAN:

BUREAU V. E.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 3.0.3.

Alberth. Leaf Williamsport, Md.

2965 USUAL RESIDENCE (HOME) OF DECEASED I. PLACE OF DEATH: legibly. STATE MO THE STATE COUNTY Wash CITY (H outside corporate limits, write RURAL and give bearest town) COUNTY COUNTY Washington MAKILAND
CITY (If outside corporate limits, write RURAL LENGTH OF STAY
(if this place) in this place) OR and give nearest town) 0 Town Wilson TOWN Williamsport and (If rural give location) STREET HOSPITAL OR INSTITUTION OR ADDRESS STREET ADDRESS Gateway Nursing Home South Artizan Street clearly (Year) DATE (Month) (Day) 3. NAME OF (Middle) (Last) (First) DECEASED: OF Elizabeth Harsh Feb. 1955 Roberta DEATH: (Type or Print) 9. AGE last birthday: IF UNDER I YEAR IF UNDER 24 HRS. 5. SEX: 7. SINGLE, MARRIED, 8. DATE OF BIRTH: 6. COLOR OR WIDOWED, DIVORCED, (Specify)Widowed RACE: Hours Months Nov. 19,1869 White Female 12. CITIZEN OF 10b. KIND OF BUSINESS OR | II. BIRTHPLACE (State or foreign country): Ion. USUAL OCCUPATION Give kind of COUNTRY? work done during most of working life, even if retired) HOUSCWIFC INDUSTRY: At Home Near Williamsport, Md. 14. MOTHER'S MAIDEN NAME: I3. FATHER'S NAME: ery i Henry Beckley Elizabeth Long 17. INFORMANT & ADDRESS 3 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No .: South Artizan St. (Yes, no, or unk.) | (If Yes, give war or dates of Supply write th service) None Williamsport Md Adam J. Harsh MEDICAL CERTIFICATION Interval Between I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Onset And Death please (a) Immediate cause DUE TO Antecedent causes (s) Diseases or conditions, if any, (b) ... giving rise to the above cause DUE TO stating the underlying cause last. (e) OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. AUTOPSY ? important 19a. DATE OF OPERATION: 19h. MAJOR FINDINGS OF OPERATION Yes No (STATE) (CITY OR TOWN) (COUNTY) 21. ACCIDENT PLACE (Home, farm, factory, street, OF office bldg., etc.) (Specify) SUICIDE INJURY HOW DID INJURY OCCUR? (Day) (Year) (Hour) INJURY OCCURED While at Not While peciall INJURY At Work Work | 22. I hereby certify that I attended the deceased from 7.4. 13,1955. to 7 LU, 20 1953, that I last saw the deceased 19, 1955, and that death occurred at 1255 G. M from the causes and on the date stated above. alive on / AU (Degree or title) ADDRESS LOCATION (City, town, or county) 23. BURIAL, CREMATION Burial (Specify) Williamsport, Maryland. eb 1955 CMC LORY DIRECTOR ADDRESS REGISTRAR'S SIGNATUR DATE REC'D BY LOCAL

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BUREN K. S.

The correct age

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimere

02004

2008

CERTIFICATE OF DEATH

Reg. Dist. No. 30%

1. PLACE OF DEATH-	STATE COUNTY COUNTY
COUNTY Washington MARYLAND	Penna. COUNTY Franklin
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give nearest town)
OR give fiberest town (in this place) TOWN Hagerstown 6 months	Town Rural, Greencastle 75x-3
HOSPITAL OR	STREET (If rural, give location)
STREET ADDRESS Garlock Nursing Home	ADDRESS Route #2
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
CType or Print) William Franklin Ho	over DEATH February 8 1955
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED,	8. DATE OF BIRTH 9. AGE last birthday If under 1 year If under 24 hrs.
male white widowed, divorced, (Specify)married	May 15, 1871 83 yrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10b. Kind of Business on	1 11. BIRTHPLACE (State of foreign country) 1 12. CITIERN OF WHAT
done during most of working life, even if retired) INDUSTRY FAITH OWNER	Franklin County, Penna, County, S.A.
18. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Jacob Hoover	Catherine Wells
15. Was Decrased Ever In U.S. Armed Forces? 16. Social Security No.	17. INFORMANT AND ADDRESS
(Yes, no, or unknown) (If yes, give war or dates of none none	Mrs. Pessie Hoover Greencastle, Penna.
18. MEDICAL CE	RTIFICATION
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN OMEST AND DEATE
4 ' Ant and and and	to boost discoso
Immediate cause (a) Arteriosclerot	sic heart disease 5 months
Discusses or conditions, if any, giving rise to the above cause stating the underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the discuss or condition causing death.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	1 20. AUTOPSY?
None	
NOUE .	
	COLLY OR TOWN) (COLLY) (STATE)
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY) (STATE)
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) NJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While	
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	(CITY OR TOWN) (COUNTY) (STATE)
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) NJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While	(CITY OR TOWN) (COUNTY) (STATE) HOW DID INJURY OCCUR!
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY 22. I hereby certify that I attended the deceased from Sept	(CITY OR TOWN) (COUNTY) (STATE) HOW DID INJURY OCCUR!
21. ACCIDENT SUICIDE PLACE (Home, farm, factory, street, OF office bidg., etc.) TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While	HOW DID INJURY OCCUR? S., 1954, toFeba8, 155, that I last saw the deceased 2:15. P.m., from the causes and on the date stated above. Professional Arts Bldg. Serstown. Maryland Feb. 8.1963
21. ACCIDENT SUICIDE OF Office of the Monte	HOW DID INJURY OCCUR? 1. 1954, to Feb. 8, 1955, that I last saw the deceased
21. ACCIDENT SUICIDE OF office bidg., etc.) SUICIDE OF office bidg., etc.) TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While m. Work At work 22. I hereby certify that I attended the deceased from Sept alive on Feb, 19.55, and that death occurred at a signature. SIGNATURE: A Degree or title 100 Has BURIAL CREMATION DATE THEREOF NAME OF CEMETE	HOW DID INJURY OCCUR? How DID INJURY OCCUR? The part of the causes and on the date stated above. ADDRESS DATE SIGNED PROTESSIONAL Arts Bldg. Professional Arts Bldg. Gerstown, Maryland Feb. 8, 1955 RY OR CREMATORY LOCATION (City, town, or county) (State)
21. ACCIDENT SUICIDE OF office bidg., etc.) SUICIDE OF office bidg., etc.) TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While m. Work At work 22. I hereby certify that I attended the deceased from Sept alive on Feb, 19.55, and that death occurred at a signature. SIGNATURE: A Degree or title 100 Has BURIAL CREMATION DATE THEREOF NAME OF CEMETE	HOW DID INJURY OCCUR? S., 1954, toFeba8, 155, that I last saw the deceased 2:15. P.m., from the causes and on the date stated above. Professional Arts Bldg. Serstown. Maryland Feb. 8.1963
21. ACCIDENT SUICIDE OF Office bidg., etc.) SUICIDE OF Office bidg., etc.) TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While m. Work At work 22. I hereby certify that I attended the deceased from Sept	HOW DID INJURY OCCUR? How DID INJURY OCCUR? The property of the causes and on the date stated above. Description of the causes and on the date stated above. Desc

BUREAU V. S.



(State)

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE. 18

2009 0

CERTIFICATE OF DEATH

Reg. Dist. No. 3

1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED STATE MARYLIND COUNTY 1 511110 TOV COUNTY 1.1 SHI JGTON MARYLAND CITY(If outside corporate limits, write RURAL and give nearest town) CITY Ilf outside corporate limits, write RURAL, LENGTH OF STAY OR and why percent town and din this placeh information HAGIRSTON N TOWN BURAL HOSPITAL OR STREET (If rural give location) STREET ADDRESS & SHI IGTO . ADDRESS 7 (Middle) 3. NAME OF (First) (Last) DATE (Month) (Day) (Yesr) death DECEASED: OF HOSE 10EE (Type or Print) DEATH: 16. COLOR OR | 7. SINGLE, MARRIED 8. DATE OF BIRTH. 9. AGE last birthday; IF UNDER I YEAR WIDOWED, DIVORCED. Months | Days Hours I Min. (Specify): every 10A. USUAL OCCUPATION (Give kind of 108 KIND OF BUSINESS II. BIRTHPLACE (State or foreign country): |12. CITIZEN OF WHAT work done during most of working life. OR INDUSTRY: even if retired; MARYLAND COUNTRY? 1.5.1. Supply 13. FATHER'S NAME: 14. MOTHER'S MAIDEN NAME: JOHN ALFFED HOSE. LLIMABRTH HARSH 18. WAS DECEASED EVER IN U.S. ARMED FORCEST 17. INFORMANT & ADDRESS: IS SOCIAL SECURITY NO. \simeq (Yes, no, or unk.) (If Yes, give war or dates MES.OLIVE H. FORD MONE of service) INU 18. MEDICAL CERTIFICATION NG INTERVAL BETWEEN I' DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 겁 ONSET AND DEATH 446.X AC. Physicians IMMEDIATE CAUSE DUE TO ANTECEDENT CAUSE (8) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST (C) ⋈ 먑 II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING importar TO THE DEATH BUT NOT RELATED TO THE Z DISEASE OR CONDITION CAUSING DEATH. 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY1 ⋖ PL 21A ACCIDENT WAS UNDERLYING 218. PLACE (Home, farm, factory 21c. WHERE DID (City or town) (County) (State) OF INJURY street, office bldg., etc. INJURY OCCUR? OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21E INJURY OCCURRED 21D TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? While Not while OF INJURY at work at work .67 22. I hereby certify that I attended the deceased from 13, 1934, to 120 34, 1955, that I last saw the deceased 0 age 됴

PLEASE TYPE 01

alive on Feb 23 1925, and that death occurred at 8 PH from the causes and on the date stated above.

SIGNATURE

M.D. 212 W. Washin Van St. 2/25/55

3. BURIAL. CREMATION. DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (1st). town, or country REMOVAL (SPECIFY)

DATE RECO BY LOCAL RECEIPTAN'S SIGNATURE

REGISTRAN 955

REGISTRAN 955

REGISTRAN 1955

R



002		-	
2010	CERTIFICATE	OF	DEATI

Reg Dist No

		100, 200, 110, 200			
bly.	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED			
and legibly	county Washington MARYLAND	state Maryland county Washington			
le	CITY (If outside conforate limits, write RURAL) LENGTH OF STAY	CITY(If outside corporate limits, write RURAL and give nearest town)			
pu	OR and give nearest town) (in this place) TOWN Hagerstown 21 days	OR			
	HOSPITAL OR	Hagerstown STREET (If rural give location)			
ar	7 STREET ADDRESS Wash. Co. Hospital	ADDRESS			
clearly	The state of the s	914 Main Avenue			
	3. NAME OF (First) (Middle) DECEASED:	(Last) 4. DATE (Month) (Day) (Yesr)			
death		HULL DEATH: Peb. 13 1955			
of d	RACE: WIDOWED DIVORCED.	OF BIRTH 9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 HMS.			
		10, 1905 51 yrs 2 5			
causes	10A USUAL OCCUPAT ON (Give kind of 10B KIND OF BUSINESS work done during most of working life.) OR INDUSTRY:	11 BIRTHPLACE (State or foreign country): 12, CITIZEN OF WHAT			
Cal	even Carpenter Fairchild	St. Paul, Maryland U.S.A.			
	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:			
write the	Isiah Hull	Martha Nickerson			
Tit	15. WAS DECEASED EVER IN U.S. ARMED FORCES! 16 SOCIAL SECURITY NO	17. INFORMANT & ADDRESS			
g).	(Yes, no. or unk.) (If Yes, give war or dates 220-10-3695	Mrs. Bruce G. Hull, Hagerstown, Md.			
ease	18. MEDICAL CERTIFICA	4			
ple	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	PULMONARY JONSET AND DEATH			
**	163X EDITH				
Physicians:	IMMEDIATE CAUSE (A) DUE TO	ELIALCARTINOMA 8 MO.			
ici.	ANTECEDENT CAUSE (8'				
Jy S	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE DUE TO				
딥	STATING UNDERLYING CAUSE LAST.				
nt.	(C)				
ta	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	with another June			
important.	DISEASE OR CONDITION CAUSING DEATH.				
in	194. DATE OF OPERATION. 198. MAJOR FINDINGS OF OPERATIO	20. AUTOPSY?			
b	JUNE 1954 AS A'BOUE	YES NO ET			
especially	21A ACCIDENT WAS UNDERLY NG OF DEATH OF INJURY Street, office bldg. (IF EITHER, NOTIFY MEDICAL EXAMINER)	etc. County (State) (State)			
Sp	21p. Time (Month) (Day) (Year) (Hour) 21g INJURY OCCURRED	D: 21F. HOW DID INJURY OCCUR?			
is	OF INJURY While Not while at work at work				
	22 I hereby certify that I attended the decorded from MA	y, 1934, to FEB 13, 1955, that I last saw the deceased			
age					
alive on ' - 1942. and that death occurred at / A.M. from the causes and on the date					
correct	+ 4.1. J. Cogmon, N				
	Burial 2/15/55 Rose Hill Co				
	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS			
i	785.14.1955 6 has/ 130wers	C. M. Suter & Sons. Hagerstown, Md.			

M. Suter & Sons, Hagerstown,

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The MARGIN RESERVED FOR BINDING VS. A15 - 10 - 53

's 'A C''' III

3 'A OWNER

1955



Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK.

A15-10-53

VS.

MARYLAND	STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	02008
2012	CERTIFICATE OF DEATH Dr Wm Laynan Reg. Dist.	N3.03

1. PLACE OF DEATH:		Maryland	Washing to	
COUNTY "ashington	MARYLAND	STATE	COUNTY	711
CITY (If outside corporate limits, write B	URAL LENGTH OF STAY	CITY(If outside co	orporate limits, write RURAL at	nd give nearest town)
STOWN Hagerstown	(in this place) 3 Yrs	TOWN Hage	rstown	•
HOSPITAL OR		STREET	(If rural give location)	/
INSTITUTION OR Carlock N	ursing Home	ADDRESS	O N- Dob C.	, , , , , , , , , , , , , , , , , , ,
		(Last)	9 No Potorac Si	
DECEASED:			OF	Ony) (Year)
(-)		RAM		L955 19
5. SEX: 6. COLOR OR 7. SINGLE, WIDOWE (Specify)	D DIVORCED	of BIRTH: 19.	AGE last birthday IF UNDER 1 Y. Months Di	ays Hours Min.
10A USUAL OCCUPATION (Give kind of 10 work done during most of working life,		11. BIRTHPLACE (S	tate or foreign country): 12.	CITIZEN OF WHAT
'Housewife	Own Home	Hagerstow		USA
13. FATHER'S NAME:		14. MOTHER'S MAI	DEN NAME:	
Daniel A. Stick	ell	Laura	widdlekauff	
18. WAS DECEASED EVER IN U.S. ARMED FORCEST	IN. SOCIAL SECURITY NO.	17. INFORMANT &		
(Yes, no, or unk.) (If Yes, give war or dates of service)	None	Gorman M	. Ingram	
	IS. MEDICAL CERTIFICAT	ION		INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY	LEADING TO DEATH	a	nd	ONSET AND DEATH
454X	(1)		liac arteries	. 40 hrs.
IMMEDIÂTÉ CAUSE	ONE TO THE OWNER T	ere remorari	THE AFTERIES	• 40 III.2°
ANTECEDENT CAUSE (S)	-02 .0			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE	(B)			
STATING UNDERLYING CAUSE LAST.	DUE TO			
(Odyx)	(c)			
N OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATED TO				
DISEASE OR CONDITION CAUSING D	EATH. tabo-pares	18		15 vrs.
19A DATE OF OPERATION: 198. MAJOR	FINDINGS OF OPERATION	V		20. AUTOPSY?
None				YES NO X
21A. ACCIDENT WAS UNDERLYING 21 OR CONTRIBUTING CAUSE OF DEATH	B. PLACE (Home, farm, fact INJURY street, office bldg.,	tory. 21c. WHERE DI etc. INJURY OCCUR	D (City or town) (Count	y) (State)
21D. TIME (Month) (Day) (Year) (Hour)	21E INJURY OCCURRED	2 1 21F. HOW DID IN	JURY OCCURT	The state of the s
OF INJURY M.	While Not while at work at work			(Fe Mr
22. I hereby certify that I attended th				2
CITCATA ONYTRIP	_	7:00PM, from the	causes and on the date s	stated above.
William T. Layman	M.D. M	D. Haganeta	essional Arts E	1108"5-0-27
23. BURIAL, CREMATION, DATE THERE	NAME OF CEMET	ERY OR CREMATORY	Wn Md Location (City, sown, or	-county) (State
Burial 2/9/55			, + + + + m	iti
	ROSE HILL	24. FUNERAL DI	Hagerstown Mo	ADDRESS
REGISTRAN 1959 LEGAL	Harwers		Coffnan Hagers	
1200 11 100 100 14	61	WILLOTEM V'	AOTINUI USECLE	S LOWIN D.O.

18 dans

LEB J. L. BEJ

NAME OF CEMETERY

1955 Greenhill

22. I hereby certify that I attended the deceased from

RECISTRAR'S SIGNATURE

(Year)

Hours

12. CITIZEN OF WHAT

COUNTRY?

4.5

Shyder aux

ONSET AND

Yes |

ADDRESS

(STATE)

19.3.2. that I last saw the deceased

LOCATION (City, town, or county)

Y. Grove Waynesboro Pa.

Wavneshoro

OR CREMATORY

Walter

24. FUNERAL DIRECTOR

DEATH

Dava

WITH

WRITE

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PLEA!

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age

SIGNATURE

BUREMOVAL (Specify):

DATE REC'D, BY LOCAL

The



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street. Baltimore

CERTIFICAT	'E OF DEATH Reg. Dist. N	. 302,
1. PLACE OF BEATH- COUNTY WASHINGTON MARYLAND		Lewy
CITY (If outside corporate/limits, write RURAL and OR give nearest town) AGERS TOWN (In this place)	CITY (If outside corporate limits, write RURAL and gi OR TOWN W Dymmer/ee It	ve nearest town)
HOSPITAL OR HOSPITAL OR STREET ADDRESS GARLOCK NURSING HOME	STREET ADDRESS PHISburgh A.	*
3. NAME OF DECEASED EUGENIE MAPLE W	TOHNSON OF THE THE	(Day) (Year) 7 19 J
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) /// JOCK	5/17/1864 90 yrs. Months	
done during most of working life, even if retired) 10b. Kind of Business on Industry Louis Christian 10b. Kind of Business on Industry Louis Christian	Pittsburgh, Pa.	2. CITIZEN OF WHAT
Thos. S. Maple	14. MOTHERS MAIDEN WAME he hair	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or sultnown) (If year, give war or dates of nervice)	ms. L. N. Hetzrot, Mercust	rug, te,
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	4	INTERVAL BETWEEN ONSET AND DEATH
Immediato cause (a) arterio sclerotic 1	east disease with myrandial	10 m +
Antecedent cause(s)	failing	
Diseases or conditions, if any, (b) giving rise to the above cause stating the underlying cause last	34 Mahr s 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		alista di 🎒 alikuwa akana akana yang gapana yana samay
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
21. ACCIDENT Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY	Yes No S
TIME (Montb) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While INJURY 22. Work At work	HOW DID INJURY OCCUR!	
22. I hereby certify that I attended the deceased from Nov. 4	, 1954, to 7 Feb , 195, that I last	saw the deceased
alive on 5 feb , 1952, and that death occurred at 5	ADDRESS , from the causes and on the date s	tated above. DATE SIGNED
F F Lusby 230N Potomac A	Hagerstony Mel	2/7,55
23. BURIAL, CREMATION DATE REMOVAL Specify 1/8/55 NAME OF CEMETE NEMOVAL SPECIFICATION 1/8/55 NAME OF CEMETE	- CRephatory 12 Reaging, 12	er .
DATE RECU BY LOCAL REGISTRAR'S SIGNATURE 120. 7.1955 Chast Toward	7. M. Sunger Mercen	lug la.

The correct age

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death dearly and legibly. MARGIN RESERVED FOR BINDING

VS. A15



IMMEDIATE CAUSE ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY. GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

TO THE DEATH BUT NOT RELATED TO THE

DISEASE OR CONDITION CAUSING DEATH

(B) DUE TO

(A)

(C)

DUE TO

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING 19A, DATE OF OPERATION: | 19B, MAJOR FINDINGS

21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. 218. PLACE (Home, farm, factory, 21c. WHERE DID (City or town)

INJURY OCCUR?

YES

(State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

(IF EITHER, NOTIFY MEDICAL EXAMINER)

21E INJURY OCCURRED While Not while at work at work

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-1.3 , 1955, to 2 = 2.3, 1955, that I last saw the deceased M, from the causes and on the date stated above. alive on .. and that/death occurred at SIGNATURE DATE SIGNED

23. BURIAL, CREMATION.

LOCATION (City, town, or county)

(County)

NAME OF CEMETERY OR CREMATORY THEREOF REMOVAL (SPECIFY)

BOONSBORD WASH. CO. MD

FEB-27-1955 BOONSBORD CEMETERY DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR REGISTRAR WM. F. BAST AND SONS BOONSBORD MD

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Supply 41

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Physicians

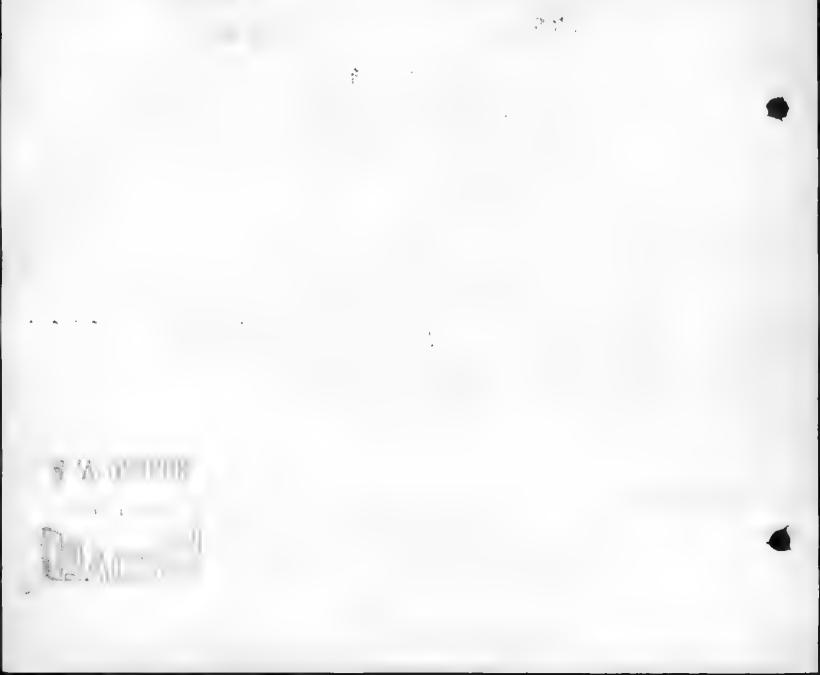
BINDING

FOR

MARGIN RESERVED

OR

TOWN



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 2014

	WILL OF STREET	E OF DEATH Reg. Dist	. No.
item of information carefully of death clearly and legibly.	1 PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASES	D.
gil	county Washington MARYLAND	STATE Maryland COUNTY Wash	instan
ca le	CITY (If outside corporate limits, write RURAL, LENGTH OF STAY	CITYIIf outside corporate limits, write RURAL a	
sion	OR and give nearest town) (in this place)	OR TOWN Hawaretown Marvia	- d
ti.	HOSPITAL OR	STREET (If rural give location)	na,
rly	INSTITUTION OR	ADDRESS (II Furni give location)	/
format	street ADDRESS King Apostelic Churchit	317 N Jonathan	Street
inf			Day) (Year)
im of i	OECEASED: (Type or Print: Lottie Ellen Ke	OF O -2	£ 165
m deg		OF BIRTH. 9. AGE last birthday Ir under the	- ,
iter of	RACE: WIDOWED, DIVORCED.	Months D	Days Hours Min.
	Female Negro (Specify) married Sept	15 1895 59 yrs.	
causes	10A USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS work done during most of working life. OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): 12.	
	even if retir Domestic Private family	Keedysville, Md. U	SA.
e e	13. FATHER'S NAME:	14, MOTHER'S MAIDEN NAME:	1.771.6
Supply te the c			
Su	Charles Keets	Alice Thomas	
. E	15. WAS DECEASED EVER IN U.S. ARMED FORCEST 16. SOCIAL SECURITY No.	17. INFORMANT & ADDRESS	
Z	(Yes, no, or unk.) (If Yes, give war or dates of service) 215-26-1892	Roy Keets 317 N. Jonath	an Street
UNFADING INK	18. MEDICAL CERTIFICAT		INTERVAL BETWEEN
NG ple	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	•••	ONSET AND DEATH
DI	42	,	4
FAI	IMMEDIATE CAUSE (A)	y ocalcision	1 humite
R is	ANTECEDENT CAUSE (5)	y occlusion	
	DISEASES OR CONDITIONS, IF ANY. (B) ANSWELSTA	e Northbease	L 40.
TH UN	GIVING RISE TO THE ABOVE CAUSE DUE TO		
1	STATING UNDERLYING CAUSE LAST.		
AINLY, Wimportant.	(C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
K a	TO THE DEATH BUT NOT RELATED TO THE		
77	DISEASE OR CONDITION CAUSING DEATH.		J
PLAINLY, lly imports	194 DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION	4	20. AUTOPSY7
			YES NO
	21A ACCIDENT WAS UNDERLYING 218. PLACE (Home, farm, fact	tory. 21c WHERE DID (City or town) (Count	
WRITE	OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg.,	etc. INJURY OCCUR?	(5)
温	(IF EITHER, NOTIFY MEDICAL EXAMINER) 21D TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED	2 21F. HOW DID INJURY OCCUR?	
W.	OF INJURY While Not while	21F. ROW DID INSORT OCCORT	
2075	M. at work at work	1 - 2	
OR e	22. I hereby certify that I attended the deceased from Mural	19 to fee. /7 , 19 5, that I last	saw the decease
(c) 10		// M, from the causes and on the date	stated above
TYPE rect ag	aliye on 75%, 19 %, and that death occurred at		stated above. re signed /
T	VIAGO VIXIDE LUIT	H	2/10/15
SE TY1		ERY OR CHEMATORY LOCATION (City, town, or	7////
₹	REMOVÁL (SPECIEY)		7
时	Burial 2-32-1955 Rose Mill		iryland.
1-ml	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS

MARGIN RESERVED FOR BINDING

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VS.

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MARYA AND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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Dr.	L:	lovo	d He	off	nan

CERTIFICATE OF DEATH

Reg. Dist. No. 302

	,,,,,,
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
county "ashington MARYLAND	STATE Laryland COUNTY
CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	CiTY(If outside corporate limits, write RURAL and give nearest town)
Y TOWN Funkstown, Md. (in this place) 4 days	TOWN Baltimore City 1, 10, 4
HOSPITAL OR	STREET (If rural give location)
A INSTITUTION OR	ADDRESS
Gastreet Address Nalleys Nursing Home	2314 N. Calvert St.
3. NAME OF (First) (Middle) DECEASED:	(Last) 4. DATE (Month) (Day) (Year)
(Type or Print) JALFS ED"ALD KOON	TZ DEATH Feb. 14, 1955
5. SEX. 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE RACE: WIDOWED, DIVORCED,	OF BIRTH: 9. AGE last birthday IF UNGER I YEAR IF UNDER 24 HRE,
	16, 1878 76 yrs. Months Days Hours Min.
10A USUAL OCCUPATION (Give kind of 10B KIND OF BUSINESS	11. BIRTHPLACE (State or foreign country): [12. CITIZEN OF WHAT
Sarresnesses Self-engloyed rire axt.	COUNTRY?
13. FATHER'S NAME:	Harrisonburg, Va. U.S.A.
	Sarah Liskey
Edward Koontz	
15. WAR DECEASED EVER IN U.S. ARMED FORCEST 16. SOCIAL SECURITY NO. (Yep., Do. or Unk.) (If Yes, give war or dates	17, INFORMANT & ADDRESS.
of service) unable to local	tars. Largaret A. Koontz
10. MEDIGAL CERTIFICAT	TION INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
332X	at Theorem Lands ()
IMMEDIATE CAUSE (A) CETT	-21 Thrombosis 6 days
ANTECEDENT CAUSE (8)	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE DUE TO	rioxclaroxis. Yrs.
STATING UNDERLYING CAUSE LAST. DUE TO	
(C)	
TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING DEATH. AT TELLO	Sclaratio Heart Divaska - 24ry
194. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION	N 20. AUTOPSY?
2	YES NO P
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factor Contributing Cause of Death OF INJURY street, office bldg.,	tory. 21c. WHERE DID (City or town) (County) (State)
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg.,	etc. INJURY OCCUR?
	2 21F. HOW DID INJURY OCCUR?
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	
· · · · · · · · · · · · · · · · · · ·	
	10, 1955, to Fall 14, 1955, that I last saw the deceased
alive on Fal. B , 1955, and that death occurred at	1: 15 P.M. from the causes and on the date stated above.
SICNATURE	ADDRESS DATE SIGNED 2/18/37
Closed a. Hollman	ERY OR CREMATORY LOCATION (City, to), or county) (State)
PEMOVAL (SPECIEV)	
Burial 2-16-55 Rose Hill	Cenetery Hagerstown, ad.
DATE REC'D BY LOCAL REGISTMAR'S SIGNATURE	Andrew K. Coffnan-Hagerstown, Md.

MARGIN RESERVED FOR BINDING

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VS. A15.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

(Year)

1955

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(State)

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22. I hereby certify that I attended the deceased from 1/1 4 191 1, to ..., that I last saw the deceased alive on and that death occurred at M, from the causes and on the date stated above. SIGNATURE ADDRESS DATE SIGNED 23. BURIAL, CREMATION. DATE NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) REMOVAL (SPECIFY) Greenlawn Cemetery Williamsport Md. DATE, REC'D BY LOCAL FUNERAL DIRECTOR L. Leaf Williamsport Md.

2520142





MARGIN RESERVED FIR BINITING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02018

2018 CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY Washington MARYLAND	STATE Md. COUNTY Washington
CITY (If outside corporate limits, write RURAL LENGTH OF STA OR and give nearest town)	
Town Hagerstown 60 years	Town Hagerstown
HOSPITAL OR	STREET (If rural give location) /
institution or a street address 234 Jefferson St.	234 Jefferson St
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) Day) (Year)
DECEASED: (Type or Print) Emma Favorite	Maxwell OF DEATH: 2 9 1955
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED. 8. DAT	E OF BIRTH: 9. AGE last birthday IF UNGER 1 YEAR IF UNGER 24 H
	3, 1864 90 yrs. Months Days Hours M
OA. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS work done during most of working life. OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WE
even if retired) housework home	Emmittsburg, Md. U.S.A.
13. FATHER'S NAME;	14. MOTHER'S MAIDEN NAME:
Edward Adams	Agnes Weaver
IS. WAS DECEASED EVER IN U.S. ARMED FORCEST 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:
(Yes, no, or)unk.) (If Yes, give war or dates no service) none	Mrs. Eleanore Kenney Hagerstown, Md.
18. MEDICAL CERTIFIC	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DE
IMMEDIATE CAUSE (A)	terio sclerotic mycordial
ANTECEDENT CAUSE (S) DUE TO heart d	isease with myccordail faliure lyr
DISEASES OR CONDITIONS, IF ANY. (B) grad	
STATING UNDERLYING CAUSE LAST.	rular nephritis 2yrs
(c)	rular nephritis 2yrs
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING DEATH,	
194. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATI	ON 20. AUTOPSY
None -	YES NO
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, f OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bld (if either, notify medical examiner)	actory. 21C. WHERE DID (City or town) (County) (State)
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURR	ED 21F. HOW DID INJURY OCCUR?
OF INJURY none M. While Not while at work	-
22. I hereby certify that I attended the deceased from Oc.	, 1950, to Feb. 9, 1955, that I last saw the decease
alive on Feb. 9 1955, and that death occurred a	at 9.130PM, from the causes and on the date stated above.
SIGNATURE 7	ADDRESS DATE SIGNED
s. I vant wells uD.	M. D.115 N. Potorac St., Hagerstown Md 2-11.
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEME REMOVAL (SPECIFY)	
Burial 2-12-55 Rose Hill	Hagerstown Md.
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE BEGISTRAM, 1955 LILLAS HOUNTS	24. FUNERAL DIRECTOR ADDRESS
TES.17.1935 lowastition	Fred W. Kraiss Hagerstown, Md.

BUREAU V. S.

OBCEINED

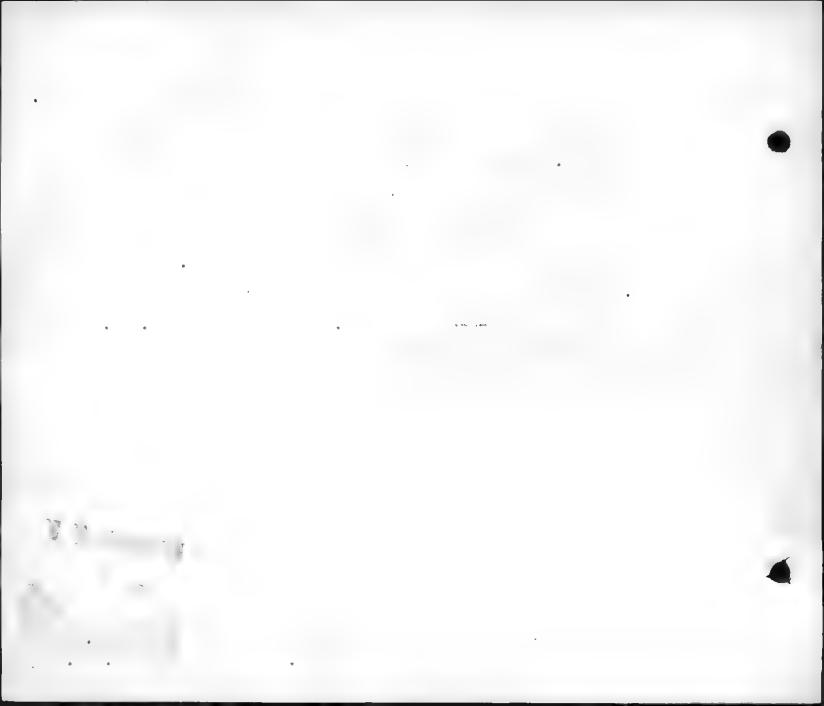
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

2019

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY Washington MARYLAND		TY Wash.
CITY (If outside corporate limits, write RURALLENGTH OF STATE	Y CITY (1f outside corporate limits, write RURAL at	nd give nearest town)
OR and give nearest town (in this place) TOWN Hag erstown days	TOWN Rural Hagerstown	X
HOSPITAL OR INSTITUTION OR	STREET (If rural give location)	1
STREET ADDRESS Wash. County Hospital	Route 5	
3. NAME OF (First) (Middle) DECEASED: (Type or Print) Clara Merida Mc C	(Last) 4. DATE (Month) (Day OF DEATH: Feb 5	(Year) 19 55
5. SEX: 1.5. COLOR OR 1.7. SINGLE, MARRIED. 1.8. DATE	9. AGE last birthday: If under I y	EAR IP UNDER 24 HRS
Female White Widowed July	28 1070 64 978.	
10a. USUAL OCCUPATION Give kind of work done during most of working life, INDUSTRY:	OR 11. BIRTHPLACE (State or foreign country): 12.	CITIZEN OF WHAT
even i House Wife Own Home	Union Bridge Md.	
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
S. Harry Pfoutz	Charlotte Stultz	aproper or the second
15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No.; 1 (Yes, no, or unk.) (1f Yes, give war or dates of		
	Mrs. Emmert Knepper Hag. Md.	
18. MEDICAL CERTIFICAT 1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	TION	Interval Between
	11-1-	Onset And Death
Immediate cause (a) Diabetes Me!	/ Luis.	6gn
Antecedent causes (s)	i Heart arreny	1011
eight the the share same.	20 IV-M. Runery	10 gri
stating the underlying cause last. DUE TO		
II. OTHER SIGNIFICANT CONDITIONS		I
Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY ?
		Yes No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, streed office bldg., etc.) PLACE (Home, farm, factory, streed office bldg., etc.)	(CITY OR TOWN) (COUNTY) (S	STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURED While at Not While INJURY m,	HOW DID INJURY OCCUR?	450
22. I hereby certify that I attended the deceased from Apr	,19%., to, 19. , that I last	saw the deceased
alive on , 19 , and that death occurred at SIGNATURE (Degree or title)	ADDRESS / DA	stated above.
23. BURTAL, CREMATION, DATE THEREOF NAME OF CEMET	TO TAGENTA SILY ERY OR CREMATORY LOCATION (City, town, or co	unty) (State)
REMOVAL (Specify)		
Burial 2-8-55 Luthern (ADDRESS
JEG. 1955 Chast Jowers	Scott F. Minnich & Son Hag.	Md.



CERTIFICATE OF

Reg. Dist. No. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: legibly. alan COUNTY avas amount MARYLAND CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town)
TOWN CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN 6 as S. d HOSPITAL OR STREET (If rural give location) ADDRESS STREET ADDRESS Jas Rundi information c 3. NAME OF (Middle) 4. DATE (Day) (First) (Last) (Month) (Year) DECEASED: 19 50 (Type or Print) DEATH: 8. DATE OF BIRTH: 5. SEX: 7. SINGLE, MARRIED. 9. AGE last birthday: IF UNDER-I YEAR | IF UNDER 24 HRS. de∎th S. COLOR OR RACE: WIDOWED, DIVORCED, Months Davs Hours (Specify : of of une IOa. USUAL OCCUPATION Give kind of 10b. KIND OF BUSINESS OR II. BIRTHPLACE (State or foreign country): CITIZEN OF work done during most of working life, even if retired) COUNTRY? 13. FATHER'S NAME: 14. MOTHER'S MAIDEN NAME: CBJ WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO.: | ADDRESS: no, or unk.) (If Yes, give war or dates of service) write 18. MEDICAL CERTIFICATION Interval Between 1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Onset And Death (a) Immediate cause DUE TO Antecedent causes (s) Physicians Diseases or conditions, if any, (b) giving rise to the above cause stating the underlying cause last. DUE TO (c) 11. OTHER SIGNIFICANT CONDITIONS Guerlas Conditions contributing to the death but not related to the disease or condition causing death. important. 20. AUTOPSY ? 19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION Yes No F ACCIDENT PLACE (Home, farm, factory, street, (COUNTY) (STATE) (Specify) (CITY OR TOWN) SUICIDE office bldg., etc.) OF HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURED especially HOW DID INJURY OCCUR? Not While At Work While at INJURY Work F 22. I hereby certify that I attended the deceased from that I last saw the deceased , from the causes and on the date stated above. 19.55 and that death occurred at alive on 🖊 (/) SIGNATURE ADDRESS (Degree or title) BURIAL, CREMATION, LOCATION (City, town, or county) (State) DATE THEREOF NAME OF CEMETERY REMOVAL (Specify) 2-17-45 REGISTRAR'S, SIGN TE REC'D BY LOCAL ADDRESS

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VS. A15 - 10 - 53

DATE REC'D

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PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The

MARYLAND	STATE	DEPARTMENT	OF	HEALTH—BA	LTIMO	RE, 18	0202
2021	CEI	DEPARTMENT RTIFICATE	OF	DEATH	TOOL	Reg. Dist.	N ₀ 302

	N J Ku		
Š	1. PLACE OF DEATH:	2 USUAL RESIDENCE (HOME) OF DECEASE	D:
and legibly	COUNTY Washington MARYLAND	Maryland W shington	1
leg	COUNTY ** 181118 TON MARYLAND CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	STATE COUNTY CITY(If outside corporate limits, write RURAL s	-3 -1 - 3
ರ	OR and give negrest town) (in this place)		ind give nearest town)
60	Corown Hagerstown 4 Weeks	Town Hagerstown	0.3
	HOSPITAL OR	STREET (If rural give location)	
BI	street Address ash. county Hospital	ADDRESS 331 Liberty St.	
clearly			
	3. NAME OF (First) (Middle)	OF	Day) (Year)
death		DLEKAUFF DEATH: Feby S	
	RACE WIDOWED DIVORCED	OF BIRTH: 9. AGE last birthday IF UNDER 1	
TO 1	Male white (Specificarried Jul.	v 12 1872 82 yrs. Montas 1	ays Hours Min.
causes	10A. USUAL OCCUPATION (Give kind of 10B KIND OF BUSINESS	11. BIRTHPLACE (State or foreign country): 12.	CITIZEN OF WHAT
a	work done during most of working life. even if Teired nt Farmer Retired	Hagerstown Md.	COUNTRY?
	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME	OA
the			
	Samuel Middlekauff	Christina Britch	
Ĭ.	15. WAS DECEASED EVER IN U.S. ARMED FORCEST 16. SOCIAL SECURITY NO. (Yes, no, or unk.) (If Yes, give war or dates	17. INFORMANT & ADDRESS:	
e)	No of service) None	Raymond Middlekauff	
ease write	18. MEDICAL CERTIFICAT		INTERVAL BETWEEN
ple	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
	4 st al	0 12	
SI	IMMEDIATE CAUSE (A) MY OGRICIAL	Tallure	4 days
Physicians:	ANTECEDENT CAUSE (8) Due To	de On what are	
Si	DISEASES OR CONDITIONS, IF ANY, (B)	iniarction	3 weeks
선.	STATING UNDERLYING CAUSE LAST.		
	(c) Arterioscle	rosis, generalized	
important.	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
丑	TO THE DEATH BUT NOT RELATED TO THE		
ıpc	DISEASE OR CONDITION CAUSING DEATH	4	
.=	T /		20. AUTOPSY?
>			AER NO
especially	21A ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg.,	etc. INTURY OCCUR? (City or town) (Count	ty) (State)
)ec	(IF EITHER, NOTIFY MEDICAL EXAMINER)		
est	21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while	21F. HOW DID INJURY OCCUR?	
60	M. at work at work		
ė.	22. I hereby certify that I attended the deceased from	13 1958 to JUL Q 1055 that I lost	courtho docoood
90	1 1		
	alive on tell. 9, 1955, and that death occurred at		
correct	0 0 40 - 60	Llaste to the	re signed
LIO	5. Lough y	ERY OR CREMATORY LOCATION (City, town, or	county) (State)
0			3
	REMBurial 2/12/55 Galem Ref	Cemetery near cearfoss	mad a

Andrew K. Coffnan Hagerstown d.

SIGNATURE 41900

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UNFADING INK.

PLEASE WRITE PLAINLY, WITH

MARGIN

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH 2020

1		108.	
	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	****
500	COUNTY Washington MARYLAND	Maryland	Wash.
ibi	CITY (If outside corporate limits, write RURAL LENGTH OF STAY	STATE COUNTY CITY (If outside corporate limits, write RURAL and	
legibly	OR and give nearest town) OR Hagerstown Line place)	TOWN Hagerstown	13
and	HOSPITAL OR INSTITUTION OR	STREET (If rural give location)	1
	I street Address Washington County Hospite	1 ADDRESS 117 Elm St.	
clemrly	3. NAME OF (Middle) DECEASED: Edith May Mor	(Last) 4. DATE (Month) (Day) Gan PEATH. Feb 28	(Year)
	(Aype of Fills)	OF BIRTH: 9. AGE last birthday: If UNDER I YEA	19 55
death	5. SEX: SCOLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCED, Sept	75 41 71	
of	Work done during most of working life, even if retired):HOUSEWIIE WOULD BUSINESS OF STREET COUNTY STREET, CANDIDATES OF STREET, CAN	Hagerstown, Md.	PIZEN OF WHAT UNTRY? SA.
S S	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	<u> </u>
Eauses	David Bowers	AdaGross	
thm		INFORMANT & ADDRESS:	
write th	(Ven -we or unk) (If Ven rive were or dates of	Mr. John Morgan Hagerstown,	Md.
Physicians: please w	1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Immediate cause Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stelling the underlying cause last. (b) DUE TO (c)	Heart Drosone	Interval Between
	11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not		
int.	related to the disease or condition causing death. 19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY ?
rta			Yes No
important.	21. ACCIDENT (Specify) PLACE (Home, farm, factory, street office bldg., etc.)	(CITY OR TOWN) (COUNTY) (ST.	ATE)
especially	Time (Month) (Day) (Year) (Hour) INJURY OCCURED While at Not While Not Work At Work	How bid injury occur?	
spec	22. I hereby certify that I attended the deceased from Nov 7	1957, to Hen 24 , 1953, that I last sa	
130	alive on few 1, 1917, and that death occurred at	7.45 DM., from the causes and on the date st	ated above,
73 26 0	23. BURIAL CREMATION, TAT TREOF NAME OF CEMETE REMOVED (Specify) Mar 2.1955 Rose Hill	RY OR CREMATORY LOCATION (City, town, or counter Hagerstown, Ma:	
		24. FUNERAL DIRECTOR	ADDRESS
	Millen 1. 1955 Chast Bowers	Scott F. Minnich & Sons Hage	rstown

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Physicians:

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WITH important.

2023 177 3-2-55 et CERTIFICATE Reg. Dist. No. PLACE OF DEATH: USUAL RESIDENCE (HOME) OF DECEASED: Maryland Washington COUNTY COUNTY MARYLAND STATE CITY (If outside corporate limits, write RURAL| LENGTH OF STAY CITY (If outside corporate limits, write RURAL and give nearest town) OR and given gerstown OR Hagerstown TOWN HOSPITAL OR (If rural give location) STREET INSTITUTION OR STREET ADDRESS Wash. County Hospital ADDRESS Franklin St. 3. NAME OF 4. DATE (Month) (Day) (Middle) (Last) (Year) (First) DECEASED: 21 Bryum Moser Helen (Type or Print) DEATH: 8. DATE OF BIRTH: 1889 9. AGE last birthday : IF UNDER I YEAR IF UNDER 24 HRS. S. GOLOR OR SINGLE, MARRIED, WIDOWED, DIVORCED, RACE: Months | Days Hours 65 (Speding dowed 28, White Oct. Female 10a. USUAL OCCUPATION Give kind of 10b, KIND OF BUSINESS OR 1 II. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT Silk work done during most of working life, Waynesboro Pa. everifie artical 14. MOTHER'S MAIDEN NAME: 13. FATHER'S NAME: Jane Straley Allen Shaffner 17. INFORMANT & ADDRESS: 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.: (Yes, no, or unk.) (If Yes, give war or dates of Md . service) Miss Pauline J. Moser Hag. No 18. MEDICAL CERTIFICATION Interval Between 1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Onset And Death monory Occlusion Immediate cause (8) DUE TO Antecedent causes (s) Diseases or conditions, if any, (b) giving rise to the above cause DUE TO stating the underlying cause last. (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 20. AUTOPSY ? 19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION Yes - No 21. ACCIDENT (STATE) PLACE (Home, farm, factory, street, OF office bldg., etc.) (CITY OR TOWN) (COUNTY) SUICIDE HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURED HOW DID INJURY OCCUR? INJURY Work [At Work 2/ 19 that I last saw the deceased 22. I hereby certify that I attended the deceased from ... AM, from the causes and on the date stated above. allive on and that death occurred at DATE SIGNED ADDRESS (Degree or title) NAME OF CEMETERY OF CREMATORY Rest Haven Cemetery CREALATION (State) LOCATION (City, town, or county) REMOVAL (Specify) Md. 2-23-55 Hagerstown ADDRESS DATE REC'D BY LOCALI 24. FUNERAL DIRECTOR F. Minnich & Son

TA COM

FEB

Feb. 28, 1955 R1 REGISTRATURE

NAME OF CEMETERY OR CREMATORY

24. FUNERAL DIRECTOR Albert L.

Riverview Cemetery

(Day)

16

(Year)

Ноигв

12. CITIZEN OF WHAT

USA

Interval Between

Onset And Death

28. AUTOPSY ?

Yen No 🗆

(STATE)

LOCATION (City, town, or county)

Williamsport. Md appress

Leaf Williamsport .Md.

COUNTRY?

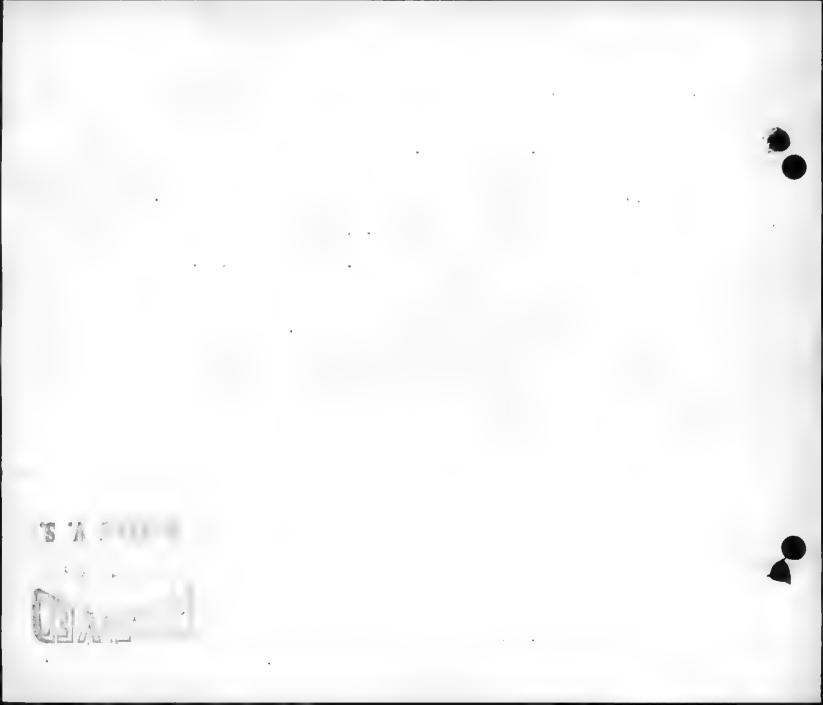
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(Specify)



VS.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2025

CERTIFICATE OF DEATH

RE, 18 02025 Reg. Dist. No. 303

Jy.	1. PLACE OF DEATH: 2	. USUAL RESIDENCE (HOME) OF DECEASED	1
the causes of death clearly and legibly	work done during most of working life, OR INDUSTRY: even if retired): ETIRED: EMPLOYEE OF WASH. Co. RAAD DEPT. R	P BIRTH: 9. AGE last birthday Ir under iv 1. BIRTHPLACE (State or foreign country): 12.	Ony) (Year) (- 19 55 TAN IF UNDER 22 HRS. HOURS Min.
please write th	(Yes. no. or unk.) (If Yes, give war or dates	7. INFORMANT & ADDRESS: IRS. LESTIA P. MULLEN DORE ROHRE	75.00 / 7 460
SS	18. MEDICAL CERTIFICATION		INTERVAL BETWEEN
ple	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
	331X Carelo	1 P. 110	30 km
200	IMMEDIATE CAUSE (A)	me kruesthage	30 hours
icia	ANTECEDENT CAUSE (S)	0	
Physicians			
놽	(C)		
tar	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE		
Ö	DISEASE OR CONDITION CAUSING DEATH.		
important.	194 DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
			YES . NO.
especially	21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factory OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. (IF EITHER, NOTIFY MEDICAL EXAMINER)	INJURY OCCUR?	y) (State)
is esp	OF INJURY (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work		with the
	22. I hereby certify that I attended the deceased from	19, T, to	saw the deceased
t age	alive on /- 6, 19 dd, and that death occurred at	19. T to 19. T, that I last M D M from the causes and on the date s	tated above.
rec	John Hone baker HAGE	1. COSHINE MAD	2-8-15
correct	REMOVAL (SPECIFY)		5 20 5
	BORIAL FEB. 9. 1955 ROHRERSVILLE	CEMETERY ROHRERSVILLE W	ASH. CO. MD
	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
	1009,1933 47Mast, 1300000	VM. F. BAST TO LUNE LOOMS	BORO MD

E . UNI

COAST STO

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

2026

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The

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VS. A15-

MARGIN RESERVED FOR BINDING

	Sign CE	RTIFICATI	E OF DEAT	H Reg. 1	Dist. No.	2021
Iy.	1. PLACE OF DEATH:		2. USUAL RESIDE	NCE (HOME) OF DECE	ASED:	
8,10	COUNTY Washington	MARYLAND	STATE MO	COUNTY	Alashine	a tool
9	CITY (If outside corporate limits, write RURAL	LENGTH OF STAY	CITY(If outside co	orporate limits, write RUR.		
and	OR and give nearest town) TOWN Headerstewn	(in this place)	OR TOWN	"genestern		~ ' '
	HOSPITAL OR	16 yes.	STREET	(If rural give local	tion \	
clearly	INSTITUTION OR STREET ADDRESS Washington County	Hespital	ADDRESS 74	7 SPRUCE S		/
ರ	3. NAME OF (First) (Mi	ddle)	(Last)	4. DATE (Month)	(Day)	(Year)
death	DECEASED: (Type or Print) Jesse N.	M.N. n	TYERS	OF DEATH: ス	/	19 V"U"
de	5. SEX: 6. COLOR OR 7. SINGLE, MARE	RIED, 8. DATE		AGE last birthday IF UND	ER 1 YEAR 191	
S Of	Male RACE: WIDOWED. DIY	exceed 8/0/	4 31, 1876	/ & yrs.		ours Min.
canses	10A. USUAL OCCUPATION (Give kind of 10B KIN work done during most of working life, OR	D OF BUSINESS TINDUSTRY:		tate or foreign country) :	12 CITIZEI COUNT	OF WHAT
ເສດ	even if retired): Labore Ere		FRANKLIN	County PENNIN		5,
the	13. FATHER'S NAME:		14. MOTHER'S MA			
	HENRY MYERS		Lydin	Myens		
write		CIAL SECURITY ND.	17. INFORMANT &	ADDRESS: 727 5	0 = 4 = = =	· of
63	(Yes, no, or unk.) (If Yes, give war or dates of service)	0-09-7387	MARY Izen	Hagen.		md.
68	18. MI	EDICAL CERTIFICAT	ION		INTERV	AL BETWEEN
<u>D</u>	I DISEASES OR CONDITIONS DIRECTLY LEADI	NG TO DEATH	1		ONSET	AND DEATH
	491X	Wind A	Tronchopne		1 1 1	to a Are
8118	IMMEDIATE CAUSE (A)	0	MARKETPINE	1277-175521		
C18	ANTECEDENT CAUSE (S)	~				
Physicians	DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE DUE T					
딥	STATING UNDERLYING CAUSE LAST.	0				
ئب	(C)_		*			
tar	II OTHER SIGNIFICANT CONDITIONS CONTRIB TO THE DEATH BUT NOT RELATED TO THE	UTING	1 1			
OL	DISEASE OR CONDITION CAUSING DEATH.		one			
important	194. DATE OF OPERATION. 198. MAJOR FINDI	NGS OF OPERATIO	N		20.	AUTOPSY?
-	None!				YES	□ NO 🗹
especially	21A. ACCIDENT WAS UNDERLYING 21B. PLAOR CONTRIBUTING CAUSE OF DEATH OF INJU	CE (Home, farm, fac RY street, office bldg.,	tory, 21c. WHERE DI	(City or town) (C	County)	(State)
s esp	OF INJURY M. 21E. While at we		21F. HOW DID IN	JURY OCCUR?		
	22. I hereby certify that I attended the dece	anned from	25 10 55 10 50	6 / 19 Not that I	last com 4	ho desensed
age	77/1	//				
		death officered at		e causes and on the de	ate stated	above.
rec	SIGNATURF		ADDRESS	- 1 Was	ATE SIGN	10.00
correct	CO PURIAL CREMATION DATE THEREOF	NAME OF CENET	ERY OR CREMATORY	LOCATION (City, tow	n. or county	(State)
0	23. BURIAL, CREMATION, DATE THEREOF REMOVAL (SPECIFY)	NAME OF CEMET	+mv=4/ Emsta	dy Hageres		,
	13unin/ 2/3/33	1083/- /	1 24 FUNEDAL DI		ADDE	·md.
	I SAME SERVICE STATE OF STATE	EASTER SHOW	I OA / SHINEDAL DI	RECTAR	ADDE	JECC.

2561 7 82 N UAZ....

Dr. Wells

CERTIFICATE OF DEATH

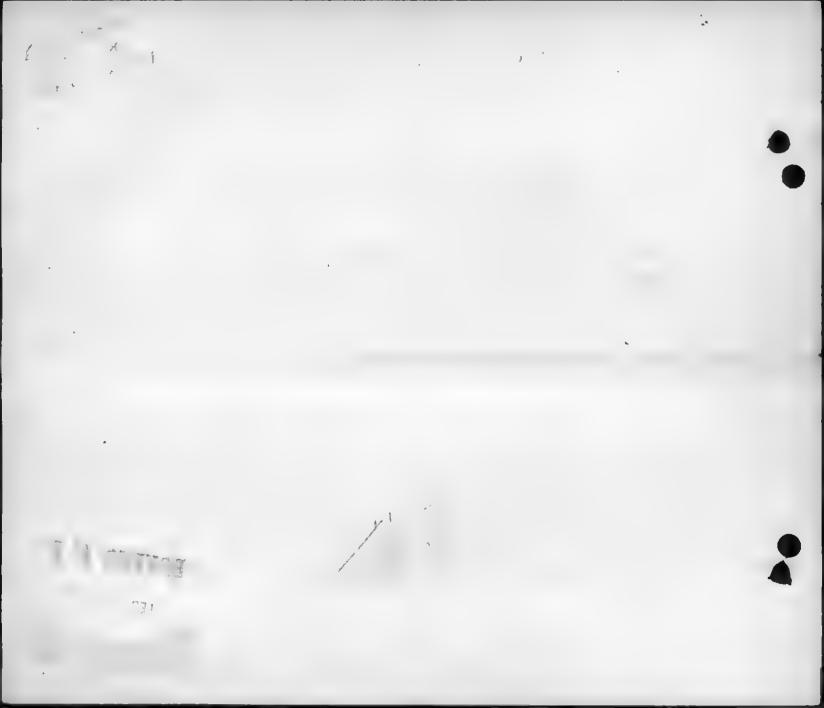
FOR MEDICAL EXAMINERS

Reg. Dist. No. 392

	***************************************	V. 1
1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED.	
COUNTY Washington MARYLAND	STATE Maryland COUNTY	Wash.
CITY (If outside corporate limits, write RURAL, and I LENGTH OF STAY)	CITY (II outside corporate limits, write RURAL and give	
TOWN give nearest town stown (in this place)	Town Hagerstown	
HOSPITAL OR INSTITUTION OR 1 C1 C II - 1 C II	STREET (If rural, give location)	,
INSTITUTION OR STREET ADDRESS 1816 Heisterboro Road	ADDRESS 1818 Heisterboro Ros	a d
DECEASED	(Last 4. DATE (Month)	(Day) (Year)
(Type or Frint) CLAYTON ELMER NE.		6, 1955
SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MAITIED	8. DATE OF BIRTH 9. AGE inst birthday If under	Days Hours Min.
ale white (Specify) Married	1 Nov. 29. 1876 78 ym. 1	
On. USUAL OCCUPATION (Give kind of work) 10h. King or Business on	11. BIRTHPLACE (State or foreign country) 12	CITIZEN OF WHAT
one during most of working life, even if selired) hunustry President of Hag hursery Co.	Nr. Greencastle, Penna.	Goungart J. S. A.
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Victor D. Neikirk	Katherine Neikirk	
5. Was Decrayed Syru In II S Assert Forces 1 16 Social Continues No.	17. INFORMANT AND ADDRESS	
Yes, no, or unknown) (It yes, give war or dates of 214-09-2234	Mrs. Irene S. Neikirk	
18. MEDICAL CE		
	RIPICATION	INTERVAL BETWEEN
. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
· * · · · · /).		
Immediate cause (a)	A GEOGRAPHOWN STIESSESSESSE WE'RE TAKEN, ARAN YOUNG HE OF STIESSESSESSESSESSESSESSESSESSESSESSESSESS	
Antecedent cause(s) acute cere	bral hemorrhage	30min
Diseases or conditions, if any, (b)	ADDRAGOUS SALIDOS CONTRACTOR ADDRAGO CONTROL SALIDOS SALIDOS SE OBSENDA DEL MENTO DE ASSESSO DE MENTO DE CONTROL DE CONTR	
giving rise to the above cause stating the underlying cause last		
(e)		
. OTHER SIGNIFICANT CONDITIONS		
Conditions contributing to the death but not related to the disease or condition causing death.		
9a. DATE OF OPERATION 1 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		1/
I. EXTERNAL CAUSE WAS PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY)	(STATE)
PRIMARY _ or CONTRIBUTING _ OF office bidg., etc.)	(000111)	(0 : 10 : 1)
CAUSE OF DEATH. INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?	
OF None While at Not while	non bib thicks occurs	
INJURY NOTE m. work at work		
2 I certify that I took charge of the remains described above held an A	Intony Inspection W Inquies thereon and	from the avidence
12. I certify that I took charge of the remains described above, held an A obtained by said Autopsy, In special or Inquiry, find that said dece	ased died on the dry stated above, and death in my	oninion resulted
from: notural causes accident , suicide , homicide ,,	undetermined .	0,0110101011111111111111111111111111111
SIGNATURE (Degree or Utle) + DICA	ADRESS	DATE SIGNED
VILL V - 1 h. DIV hall	•	21,00
O, Wees 1 1 CO.,	MD. 115 N. Fotomac St., Hag., Md.	16.6-17
REMOVAL (Specify)	RY OR CREMATORY LOCATION (City, town, or count	y) (State)
Burial 2-8-55 Rest Have	n Cemetery Hagerstown, Ad.	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
18.1955 4. Last Jowerte	Andrew K. Coffman-Hagerston	en ind
		The distance

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is superially important. Physicians: please write the causes of death clearly == | lembly. NIARGIN RESERVED FOR BINDING

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	MARYLAND	STATE	DEPARTMENT	OF	HEALTH—BALTIM	10RE, 18	02028
1	2069	CEF	RTIFICATE	OF	DEATH	Rev. Dist.	303

	· 2005 CERTIFICATI	OF DEATH Reg. Dist.	IA05 ∞	
death clearly and legibly.	1. PLACE OF DEATH W.Shinston COUNTY CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	2 USUAL RESIDENCE (HOME) OF DECEASED LATYland STATE COUNTY CITY(If outside corporate limits, write RURAL a	n	
and	OR and give hearest town) (in this place) Y TOWN Funks town ? Yrs	Town Funks town	X	
early	HOSPITAL OR INSTITUTION OR STREET ADDRESS 44 West Baltinore St	STREET (If rural give location) ADDRESS 44 West Baltimore St	/	
1 c]	3. NAME OF (First) (Middle)		Ony) (Year)	
causes of	DECEASED: (Type or PrintSTANLEY 5. Sex: 6. COLOR OR 7. SINGLE, MARRIED. WIDOWED, DIVORCED. WIDOWED, DIVORCED. WIDOWED, DIVORCED. WIDOWED, DIVORCED. WIDOWED, DIVORCED. WIDOWED, DIVORCED. Aug. 10A. USUAL OCCUPATION (Give kind of 10B KIND OF BUSINESS OR INDUSTRY: every contact of working life. OR INDUSTRY: every lifety werehant Retired	of BIRTH: 9. AGE last birthday If UNDER 1 V Months D 15 1879 75 yrs. Months D 11. BIRTHPLACE (State or foreign country): 12.	EAR IF UNDER 24 HRS ays Hours Min.	
the	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME		
write	Victor D. Neikirk 15 WAR DECEASED EVER IN U.S. ARMED FORCES: (Yes, no, or unk.) (If Yes, give war or dates of service)————————————————————————————————————	Katherine Nicary 17. INFORMANT & ADDRESS: Mrs Katherine Ingram		
please	18. MEDICAL CERTIFICAT	ION	INTERVAL BETWEEN	
pld	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
**	MMEDIATE CAUSE (A) Cerebral Thrombosis			
ans	IMMEDIATE CAUSE (A) OFFEDICE INTOMOGRAPHIC			
ici	DISEASES OR CONDITIONS, IF ANY. (B) Cerebral Arteriosclerosis			
Physicians	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	ar-delioscielosis	3 years	
ıt.	(C)			
important.	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING QUE TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Residual h	to cerebral hemorrhage.	3 vears	
npo	194. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION	V The state of the	20. AUTOPSY?	
	None · `		YES NO K	
especially	21A. ACCIDENT WAS UNDERLYING 21B PLACE (Home, farm, factor CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	etc. INJURY OCCUR?	y) (State)	
is esi	OF INJURY OF INJURY OF INJURY ODAY) (Year) (Hour) M. 21E INJURY OCCURRED While Not while at work at work	21F. HOW DID INJURY OCCUR?		
9 50 83	22. I hereby certify that I attended the deceased from Jan. alive on Feb. 26, 1955, and that death occurred at			
sct	SIGNATURE	100 Professional Arts.B1	E SIGNED	
rerrect	11 John & William T. Layman M	D.Hagerstown, Maryland ERY OR CREMATORY LOCATION (City, town, or	2-28-55	
2	23. BURIAL, CREMATION. DATE THEREOF NAME OF CEMETI			
	Burial 2/28/55 Rose Hill			
	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE SECRETARING 1955 LOVING SHIP JOWERS	Andrew K. Coffnan Hager	stown Ma	

SSEI E .

Reg. Dist. No. 2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY NO STATE CITY If outside corporate limits, write RURAL and give nearest town) (If rural give location) PITIOMIC DATE (Month) (Day) 9. AGE last birthday; IF UNDER I YEAR Days Months Hours I 11. BIRTHPLACE (State or foreign country): |12. CITIZEN OF WHAT CQUNTRY? J. D. A. HAMMOND HAGERSTOWN Carlion Texcular of Kolk upper maxilla 20. AUTOPSYT NO 6 (County) (State) DATE SIGNED 1955 RY-DRICREMATORY N. LOCATION (City, towns or county) (State)

TO THE OWNER OF

BINING FOR JNFADING Physicians: p AINLY, WITH WRIT ge is

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BURELU V. S.

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MARYLAND	STATE	DEPARTMENT	\mathbf{or}	HEALTH—BALTIMORE,	18/12/131
2971		PRINTENE CE A PRINTE			- 1

CERTIFICATE OF DEATH

Reg. Dist. No. 3.0 6.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY Ashin ton MARYLAND	STATE LATVIING COU	NTY GSh.
CITY (if outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town) TOWN Smithsburg 2 years	OR	
HOSPITAL OR INSTITUTION OR	TOWN Smithsburg STREET (If rural give location	n) /
STREET ADDRESS	W. Water St.	
3. NAME OF DECEASED: (First) (Middle) (Type or Print) Fannie Ellen Poffenbe		26 19 55
female hite (Specify): single Aug.	of BIRTII: 9. AGE last birthday: If UNDER 1 3, 1870 84 yrs. Months I	Days Hours Min.
work done during most of working life, even if retired): Seamstress dry goods stor	OR II BIRTHPLACE (State or foreign country): 12.	CITIZEN OF WHAT
IJ. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
Henry J. Poffenberger	Anna E. Rudisill	
15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No.: 17	7. INFORMANT & ADDRESS:	-
(Yes, no, or unk.) (If Yes, give war or dates of no 214-09-0565	iro. Inni Stem, Jaithsburg	
18. MEDICAL CERTIFICAT		
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	Myounditi	Interval Between Onset And Deat
Antecedent causes (8) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO DUE TO		
(c)		
 OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 		
19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY ?
40		Yes 🗍 No 🗗
21. ACCIDENT (Specify) PLACE (Home, farm, factory, stree OF office bidg., etc.) NJURY	(CITY OR TOWN) (COUNTY)	(STATE)
Time (Month) (Day) (Year) (Hour) INJURY OCCURED While at Not While Not Work At Work	HOW DID INJURY OCCUR?	NOROY .
22. I hereby certify that I attended the deceased from 3-/-	1955 to 2 - 26 - 195 that I last	saw the deceased
alive on 2 - 22, 1955, and that death occurred at	, from the causes and on the date	stated above.
23. BURIAL, CREMATION, DATE THEREOF NAME OF CENETE	EDY OF CREMANORY , LOCATION (City town or	ounty) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	ERY OR CREMATORY LOCATION (City, town, or & Smithsburs, 1.00	ADDRESS
REGISTRAR TEL-25-58 Jake: W Treamson.	Scott F. minnich & Son, L.	
teit-28-85 Tallerill Luandon	Pool of Le Pittition of Polis P.	ar on sour ?



s y mains

(Year)

20. AUTOPSY?

(State)

(County)

KE, 18		_
18by_		302
Reg. Dist.	No.	

1. PLACE OF DEATH: 2. LUSTY THE SIDENCE (HOME) 25 PECEASED IN "ashington MARYLAND STATE COUNTY CITY (If outside corporate limits, write RURAL) LENGTH OF STAY CITY(If outside corporate limits, write RURAL and give nearest town) OR and give nearest town) (in this place) Town Hagers town TOWN Hagerstown HOSPITAL OR STREET (If rural give location) INSTITUTION OR **ADDRESS** STREET ADDRESS 715 So. Potomac St. 715 So. Potomac St. 3. NAME OF (First) (Middle) (Last) 4. DATE (Month) (Day) DECEASED LAURA POWELL MAY (Type or Print) Febr 22 1955 DEATH: 6. COLOR OR 7. SINGLE, MARRIED, RACE: WIDOWED, DIVORCED, 8. DATE OF BIRTH: 9. AGE last birthday IF UNDER I YEAR Hours I (Specify): ried June 24 1881 white 10A. USUAL OCCUPATION (Give kind of) 10B. KIND OF BUSINESS 11. BIRTHPLACE (State or foreign country): | 12. CITIZEN OF WHAT work done during most of working life, OWN HOME **CQUNTRY** Mont Alto Pa. "Ousewife 13. FATHER'S NAME: 14. MOTHER'S MAIDEN NAME: Susanna Sheaffer Jacob chockey 17. INFORMANT & ADDRESS IS. WAS DECEASED EVER IN U.S. ARMED FORCES? IS. SOCIAL SECURITY NO. (Yes, no, or unk.) (If Yes, give war or dates Jerome Powell LNO 18. MEDICAL CERTIFICATION INTERVAL BETWEEN DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH (A) Cesebral Itemonhoys
UE TO
(B) Hyporteasine Carchi Vascula Ulrean IMMEDIATE CAUSE ANTECEDENT CAUSE (8) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE







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Physicians

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210. TIME (Month) (Day) (Year) (Hour) While Not while OF INJURY at work at work 22. I hereby certify that I attended the deceased from 19 Fib

DISEASE OR CONDITION CAUSING DEATH.

19A DATE OF OPERATION:

1955, to 22 Fld , 1955, that I last saw the deceased alive on 2/ 166 , 195.7., and that death occurred at 2 30 A M, from the causes and on the date stated above. SIGNATURE DATE SIGNED M. D. 2 30NPotomas

23. BURIAL, CREMATION, NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) DATE THEREOF REMOVAL (SPECIFY) 2/25/55 Rose Hill memetery Hagerstown Md.

198. MAJOR FINDINGS OF OPERATION

21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factory. 21c. WHERE OID (City or town) OR CONTRIBUTING CAUSE OF DEATH OF INJURY atreet, office bldg., etc. INJURY OCCUR?

21E INJURY OCCURRED

REGISTRAR'S SIGNATURE DATE REC'D BY LOCAL

24. FUNERAL DIRECTOR Andrew K. Coffnan Hagerstown Md.

21F. HOW DID INJURY OCCUR?

Thursday

9731 EC 831

02033 MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

2972

CERTIFICATE OF DEATH

Reg. Dist. No. 30/

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY Washington MARYLAND	STATE Maryland countribution
CITY (If outside corporate limits, write RURAL LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give nearest town)
OR and give nearest town) X TOWN Willaminsport (in this place) 21 yrs.	TOWN Williamsport Md.
HOSPITAL OR INSTITUTION OR	STREET (If rural give location)
institution or street address Williamsport Md RFD #2	ADDRESS
7 STREET ADDRESS Williamsport Md RFD #2	Williamsport Md RFD #2
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
(Type or Print) Frank	OF BIRTH: 9. AGE last birthday: IF UNDER 1 YEAR IF UNDER 24 HRS.
RACE: WIDOWED, DIVORCED.	Months Days Hours Min.
	1. 10 1874 81 yrs. 0 29 min
10a. USUAL OCCUPATION Give kind of 10b. KIND OF BUSINESS OF work done during most of working life, INDUSTRY:	R 11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT COUNTRY?
Retwent Store Grocery Store	Williamsport Md. USA
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Unknown (Pryor)	Ellen (Unknown)
15 WAS DECEASED EVER IN U.S.ARMED FORCES! 16. SOCIAL SECURITY No.: 17.	INFORMANT & ADDRESS: WilliamsportMd
(Yes, no, or dak.) (If Yes, give war or dates of NOne M	iss Phillis Pryor RFD #2
18. MEDICAL CERTIFICATI	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	Onsei And Death
20.0 (Madea)	Tailue Stulle.
Immediate cause	Statute
Antecedent causes (s)	Lent Duenso 3
Diseases or conditions, if any,	agens.
stating the underlying cause last. DUE TO	V
(c)	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not	lander (basino of 7400
related to the disease or condition causing death. 19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION	1 20. AUTOPSY ?
138. MAJOR FINDINGS OF OPERATION	Yes No P
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street	(CONTENT) (CEATE)
SUICIDE Office bldg., etc.)	
TIME (Month) (Day) (Year) (Hour) INJURY OCCURED	HOW DID INJURY OCCUR?
OF While at Not While INJURY m. Work At Work	
22. I hereby certify that I attended the deceased from Quet	1953 to 9 Feb , 1955, that I last saw the deceased
alall es	1 20
alive on . 1900, and that death occurred at	ADDRESS DATE SIGNED
(Thuo Heale M. W. 11/1100	austro 7. md. 11 tel 50
23. RURIAL, CREMATION, DATE THEREOF NAME OF CEMETE	ery or crematory Location (City, town, or county) (State)
Burral (Specify) Feb. 12-55 Greenlaw	II OCHIC CCI V
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
14 1 1955 - C XXX THE CLASTA	Edith V. Leaf Williamsport Md.

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MARYLAND STATE DEPARTMENT OF HEALTH—BAITIMORE, 18 ctor Lift2071 Reg. Dist. No. 502

CERTIFICATE OF DEATH 2030

2000	74400
1 PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
county Washington MARYLAND	Maryland State county
CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town) TOWN Hagerstown 12 Yrs	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
nospital or institution or or street address 32 Sunner St.	STREET (If rural give location) ADDRESS 32 Sunmer St.
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
DECEASED: (Type or Print) JOHN MARCUS REII	OF 13 2 00 1 7 7
10s. USUAL OCCUPATION. Give kind of work done during most of working life, industry: ever air in this borer Returned	Boyce Va. 11. Birthplace (State or foreign country): 12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
William W. Reid	ar F. Carter
15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No.: 17. (Yes, no, or unk.) (If Yes, give war or dates of	INFORMANT & ADDRESS:
service)	Ers George Hillyard
18. MEDICAL CERTIFICATION	
Immediate cause Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO Cardio (a) Cardio DUE TO	Værerlan Dispare (?)
11. OTHER SIGNIFICANT CONDITIONS	
Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY t Yes □ Ngt P
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.)	10
TiME (Month) (Day) (Year) (Hour) OF NJURY M. Work Not While At Work	HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from	1,1950, to Ra. 28, 1955, that I last saw the deceased
alive on, 19.55, and that death occurred at /	ADDRESS 14. 1 3/1 / ACT
23. BURIAL CREMATION, DATE THEREOF I NAME OF CEMETER	RY OR CREMATORY LOCATION (City, town, or county) (State)
REMOVAL (Specify) 3/3/55 Green Hill	Cenetery Berryville Va.
March 1. 1955 Strast F. Bowers	Andrew K. Coffman Hagerstown .d.

BOBE:
WYB 3 185

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK.

Supply every item of information carefully. The

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 * 2031 CERTIFICATE OF DEATH

CERTIFIC	A	TE	OF	DE	AT	rar.
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		-t	2935
Reg.	Dist.	No.	1350X

The state of the s		PURPLEAS, STATES TO STATES OF STATES
I. PLACE OF DEATH	2. USUAL RESIDENCE (HOMF) OF DECEASED)-
COUNTY Washington MARYLAND	state Maryland county Wa	ashington
CITY (If outside corporate limits, write RURAL, LENGTH OF STAY	CITYIII outside corporate limits, write RURAL a	na give nearest town)
OR and give nearest town) (in this place)	OR	
nagers town	STREET (If rural give location)	
HOSPITAL OR INSTITUTION OR	ADDRESS (II Turni give location)	/
STREET ADDRESS 344 Blooms Court	344 Blooms Court	
3. NAME OF (First) (Middle) (Last) 4. DATE (Month) (I	Day) (Year)
(Type or Print) Dabney Lawrence Roan	DEATH February	7 19 55
5. SEX: 16. COLOR OR 17. SINGLE MARRIED. 18 DATE	OF BIRTH: 9, AGE last birthday IF UNDER I Y	
RACE: WIDOWED, DIVORCED,	Months D	ays Hours Min.
Male Negro (Specify): Married May 9	1896 58 yrs.	
work done during most of working life, OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): 12.	COUNTRY?
even if retired): Laborer Construction	Lynchburg, Virginia	U.S.A.
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
Unknown	Josephine Roane	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:	
(Yes, no, or uniss) (If Yes, give war or dates		
1 Yes / of service) WWI 217-09-9740	Flora Roane 344 Blooms Co	ourt.
18. MEDICAL CERTIFICATI	ON	INTERVAL BETWEEN
1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
IMMEDIATE CAUSE (A) Smelo	Queunoux.	2 clores
IMMEDIATE CAUSE (A)	The state of the s	
ANTECEDENT CAUSE (S)	Drusths, glusalzad	2 1/2 1000
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE DUE TO	Truck of Just	3 /2 //
STATING UNDERLYING CAUSE LAST.		
(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE		
DISEASE OR CONDITION CAUSING DEATH.		
194 DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		YES NO
21a. ACCIDENT WAS UNDERLYING 218. PLACE (Home, farm, facto	ory. 21c. WHERE DID (City or town) (County	y) (State)
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg. ((IF EITHER, NOTIFY MEDICAL EXAMINER)	etc. INJURY OCCUR?	y) (State)
21b TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED OF INJURY	21F. HOW DID INJURY OCCUR?	
OF INJURY While Not while at work		
22. I hereby certify that I attended the deceased from 161.6	10TT 4 74. 7 1015 4 111	45
1-114	- 1	
	83/M, from the causes and on the date s	stated above.
SIGNATORE	ADDRESS DAT	E SIGNED
	o. Nogroldma 2	18/55
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETE	RY OR CREMATORY LOCATION (City, town, or	county) (State)
	Gemetery Hagerstown, Mary	land
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
	John R Water on Hager	stown, Md.

DECENALLY.

BUREAU V. S.



10 m

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02037

	CERTIFICATI	E OF DEATH Reg. Dist. M	vo. 302			
oly.	1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED: Mashington				
20	COUNTY Washington MARYLAND	STATE COUNTY				
le	CITY III outside corporate limits write RURAL I FNGTH OF STAY	CITY(If outside corporate limits, write RURAL and	give nearest town)			
and legibly	TOWN and give nearest town) (in this place)	Town Hagerstown	2,3			
>	HOSPITAL OR	STREET (If rural give location) ADDRESS	/			
death clearly	street address wish. county Hospital	425 West Antietam St.				
cle		(Last) 4. DATE (Month) (Da)	y) (Year)			
동	DECELORD.	OF -				
8G 63	(Type or Print) HILLERY UPTON SEA					
	DACE WIDOWED DIVORCED	OF BIRTH: 9. AGE last birthday IF UNDER I YEA Months Day:				
of	male White Specifilarried May		s nours min.			
causes	10A USUAL OCCUPATION (Give kind of tob. KIND OF BUSINESS work done during most of working life. OR INCUSTRY CO	11. BIRTHPLACE (State or foreign country): 12. Cl	TIZEN OF WHAT			
21.3	work done during most of working life. OR INSUSTRYED		PHILBAS			
S.	Turn table Operator W. N. H. H.		USA			
the	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:				
4	George Seaton	Eliza Athey				
rit	IE. WAR DECEASED EVER IN U.S. ARMED FORCES! IS. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:				
≱	(Yes, no, or unk.) (If Yes, give war or dates	Mas Thelms V Conten				
please write	No of service 705-10-8582 Mrs Thelma K. Seaton					
lea	18. MEDICAL CERTIFICAT		NTERVAL BETWEEN			
Ωı	1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	1 / + 1	MOET AND DEATH			
4.5	54 MARCHATE CAUSE (A) Intermed	1 1 marriage . Grather the	36 time			
Physicians:	IMMEDIATE CAUSE OUE TO		1/4			
Cia	ANTECEDENT CAUSE (8'	-: 1. 1. 1. 1	Truette			
S	DISEASES OR CONDITIONS, IF ANY. (B)	u uuu	× man rs			
P.	STATING UNDERLYING CAUSE LAST.					
	(C)					
important.	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	-4-+	11.1			
t	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	replicio	Judg			
od.	194. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATIO	N	20. AUPOPSY?			
in	TOWN DATE OF CHANGE		YES IT NO IT			
25						
especially	21A. ACCIDENT WAS UNDERLYING 21B PLACE (Home, farm, fac OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg	tory. 21c. WHERE DID (City or town) (County), etc. INJURY OCCUR?	(State)			
eci	()F EITHER, NOTIFY MEDICAL EXAMINER)	HIJBRI OCCORT				
Sp	21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?				
	OF INJURY While at work	P				
100						
95 25	22. I hereby certify that I attended the deceased from . , 1950, to 2-20193, that I last saw the deceased					
66	alive on 2-19, 1955, and that death occurred at 8:53 M, from the causes and on the date stated above.					
Ct	ADDRESS DATE	SIGNED				
correct	Votust Floodle	1.D. Kaelvelown 2	-21-54			
00	LPUTAL A CLUCK CHILL	ERY OR CREMATOR LOCATION (City, town, or e	ounty) (State)			
	REMOVAL (SPECIFY)		h.f. =			
	Burial 2/22/55 Reformed Co	1 24. FUNERAL DIRECTOR	ADDRESS			
i	DATE REC'D BY LOCAL RESISTRAR'S SIGNATURE					
	720, 22, 1955 Coment, Jowell	Andr ew K. Coffman Hagerst	own md			



2973

CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

Dr. "ells

~ > 1.0

12141104

Reg. Dist. No. 3.05

1. PLACE OF DEATH COUNTY	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY	"ash.	
asnington Maryland	MAN I S I COLLOR		
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give nearest town SDOTO, Md. 5 (p this place)	OR BOONSboro, and.	bearest town)	
HOSPITAL OR	STREET (If rural, give location)	,	
or institution or Lakin Ave.	ADDRESS Lakin Ave.	/	
3. NAME OF (First) (Middle)	(Lent 14. DATE (Month)	(Day) (Year)	
DECELOUD	OF -	19 55	
6. COLOR OR RACE 17. SINGLE, MARRIED.	1 8. DATL OF BIRTH 1 9. AGE jast birthday I If under I	year llfunder 24 hru.	
Fenale white widowed. Shivorced.	Sept. 7.1954 ym. Months 1	Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work 10b. Kind of Business on done during most of working life, even if retired) INDUSTRY T		CITIZEN OF WHAT	
None inlant	BCOMSDOTO. MAIVIANG	5. S. A.	
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME		
r'red R. Seville, Sr.	Lyrtle L. Price		
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS		
(Yes, no es unknown) (If yes, give war or dates of None	Fred R. Seville, Sr.		
7 18. MEDICAL CE	RTIFICATION		
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH	
	udden) death		
I Immediate cause (t)		*******************************	
	unknown		
Antecedent cause (s) Diseases or conditions, if any, (b)			
giving rise to the above cause	N. AND DE A DESTRUCTION OF ADMINISTRATION OF ADMINISTRATION OF STREET OF STREET OF STREET OF STREET OF STREET		
stating the underlying cause last			
II. OTHER SIGNIFICANT CONDITIONS			
Conditions contributing to the death but not SCUTE G1: related to the disease or condition causing death.	arrhea(cause unknown)		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?	
Nane		Yes No O	
21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF office bidg., etc.) CAUSE OF DEATH.	(CITY OR TOWN) (COUNTY)	(STATE)	
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR!		
OF INJURY Noul m. While at Not while m. work at work			
11.2011.700 2 11.211.111.111.111.111.111.111.111.11			
22. I certify that I took charge of the remains described above, held an A	lutopsy , Inspection of Inquiry thereon and fi	om the evidence	
obtained by said Autopsy, In per'ion or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted			
from: natural causes [Daccident], suicide], homicide], undetermined []. SIGNATURE DATE SIGNED			
SIGNATURE TO MEDICAL ED DEPUTY BEDICAL ED	XAM.		
WASH CO MD	11) N. Potomac St- Hagerstown, M	d 2-1495	
23. BURIAL CREMATION I DATE THEREOF I NAME OF CEMETE	RY OR CREMATORY LOCATION (City, town, or county) (State)	
Reviovat (Specify) 2-15-55 Dunkard	Cemetery Linautording,	nd.	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS	
756,15,1955 July D. 10 art	Andrew K. Coffnan-Harerstow	n_ 4.d_	

MIARGIN RESERVE FOR MINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

The correct age

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MARGIN RESERVED FOR BINDING

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CERTIFICATE OF DEATH

5	FOR MEDICAL	EXAMINERS	Reg. Dist. No.	G.O.J
E E	1. PLACE OF DEATH COUNTY	2. USUAL RESIDENCE (HOI		
	CITY (If outside corporate Profits, write RURAL and LENGTH OF STAY	was.	hington COUNTY	
5	CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	ii op	limits, write RURAL and give	nearest town)
git	Y TOWN Diff Poole 16 (in this place)	TOWN Big	Poole Md.	Y
car 1 le	INSTITUTION OR	STREET ADDRESS	(Il rurai, give location)	1
anc	1 STREET ADDRESS Residence	NO.	ce_	
Supply every item of information carefully write the causes of death clearly and legibly.	3. NAME OF (First) (Middle) DECEASED	(Last) 4	. DATE (Month)	(Day) (Year)
me	(Type or Print) Robert Franklin	Shirley Jr.	DEATH Feb.	13 1955
Cle	5. SEX 6. COLOR OR RACE 7 SINGLE MARRIED	8. DATE OF BIRTH 9.	AGE last birthday If under 1	
유민	Wile White WIDOWED, DIVORCED, (Specify) Single 10a. USUAL OCCUPATION (Give kind of work 10b. Kind of Buc 2888 OR	Jan. 27, 1955	yrs, Months	Days Hours Min.
of	10a. USUAL OCCUPATION (Give kind of work 10b. Kind of Bus 1888 OR	11. BIRTHPLACE (State or fo		CITIZEN OF WHAT
E	done during, most of working life, even if retired) INDUSTRY.	Berkeley S	nrings. W. Va	COUNTRY?
ite es	13. FATHER'S NAME	Rerkeley S:	AME	
ry	Robert Franklin Shirley	Shirley Ly	vone Mason Shi	irlev
200	15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No. (Yes. no. of unknown) (If yes, give war of dates of)	17. INFORMANT AND ADD	RESS	
the	No leervice) None	Robert F. Sh	irlay, Big Po	nole. Md.
te pa	IS. MEDICAL CE	RTIFICATION	1	
Sur	1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			INTERVAL BETWEEN ONSET AND DEATH
WRITE PLAINLY, WITH UNFADING INK. is especially important. Physicians: please		(sudden)death		
Fag	II. OTHER SIGNIFICANT CONDITIONS			
5.	Conditions contributing to the death but not related to the disease or condition causing death.			
H m	19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY?
FF	Noul			Yes I N
Y. W.	21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ OF office bldg., etc.) INJURY	(CITY OR TOV	VN) (COUNTY)	(STATE)
VINL	TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not while INJURY Not m. work at work	HOW DID INJURY OCCU	R?	
TE PLA	22. I certify that I took charge of the remains described above, held an A obtained by said Autopsy, Inspection or Inquiry, find that said dece from: natural causes I, accident, suicide, homicide,	undetermined .	inquiry. thereon and fi bove, and death in my o	
WRI	SIGNATURE (Degree or title)	ADDRESS XAM.	t. Vocanatara V	DATE SIGNED
<u></u>	23. BURIAL, CREMATION DATE THEREOF /) NAME OF CEMETE	115 N. Potomac S	ATION (City, town, or county	d 2-14-55
AS	REWITTAL (Specify)		inesburg. Md.	(00000)
PLEASE	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	thesoure, Ma.	ADDRESS
0.4	JRPG. 15-16-5 / 00 / 100		11 /1 0	^

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MARGIN RESERVED FOR BINDING

VS. A15-10-53

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77,0	or posteria
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
	STATE COUNTY
CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	CITY(If outside corporate limits, write RURAL and give nearest town)
OR and give nearest town) (in this place)	OR
X TOWN Funkstown 6 Los	11000100011
HOSPITAL OR NESTITUTION OR NESTITUTION OR	STREET (If rural give location) ADDRESS
7, STREET ADDRESS Nalley Nursing Home	116 Linden Ave
	Last) 4. DATE (Month) (Day) (Year)
DECEASED: (Type or Print) OMA PEARL S	IX DEATH: Feby 17 19559
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE	OF BIRTH: 9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 HRB.
Female White Specify Tried July	Months Days Hours Min.
Female White Specify Tried July	
work done during most of working life, OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT COUNTRY?
even Housewife Own Hone	Hagerstown Ld. USA
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Clinton C. Trovinger	Susan Stockslager
18. WAR DECEASED EVER IN U.S. ARMED FORCEST 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:
(Yes, no. or unk.) (If Yes, give war or dates	D. Frank Six
18. MEDICAL CERTIFICATI	, I THE DETWEEN
DISERSES ON CONDITIONS BIRECTED ELABORITORIST	ONSET AND DEATH
IMMEDIATE CAUSE (A)// Maccon	deal Anharleon 10 mins
DUE TO	1 1 1 1 1 1 +
ANTECEDENT CAUSE (8)	- the the the theap
GIVING RISE TO THE ABOVE CAUSE DUE TO	fact the the same of
STATING UNDERLYING CAUSE LAST.	May SVO feet
(c) Selevel	is //weller logi
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING DEATH.	
194 DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	YES NO
21. ACCIDENT WAS UNDERLYING [] 21s. PLACE (Home form foot	OT OLD HALLEDE DID (Stan on Auto) (County)
21A. ACCIDENT WAS UNDERLYING 218. PLACE (Home, farm, fact OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	ory. 21c. WHERE DID (City or town) (County) (State) etc. INJURY OCCUR?
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while	21F. HOW DID INJURY OCCUR?
OF INJURY M. While at work At work	-1/-
22. I hereby certify that I attended the deceased from -3	19 , to 4/// , 19 , that I last saw the deceased
	12.00 M, from the causes and on the date stated above.
SIGNATURE , and that death occurred at	ADDRESS DATE SIGNED / /
13 - Marian Marian	11 Ta . Meel 1 2/4/150
	RY OR CREMATORY LOCATION (City, town, or county)
REMOVAL (SPECIFY)	
Eurial / 2/21/55 Rose Hill	Ceneffery Hagerstown ad.
DATE REC'D BY LOCAL RECISTRICE SIGNATURE	24. UNERAL DIRECTOR ADDRESS
##95 19. 1955 Consolt 720 www	Andrew K. Coffnan Hagerstown ad

Z . William

Rest

REGISTRAR'S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Haven Cemeterv

COUNTY Wash

(Year)

Hours

19 55

Interval Between

Onset And Death

20. AUTOPSY ?

(Day)

cerst own

Scott F. Minnich & Son Hag. Md.

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DATE REC'D BY LOCAL

BUREAU V. S.

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age is especially important.

PLANLY, WITH

PLEASE WRITE

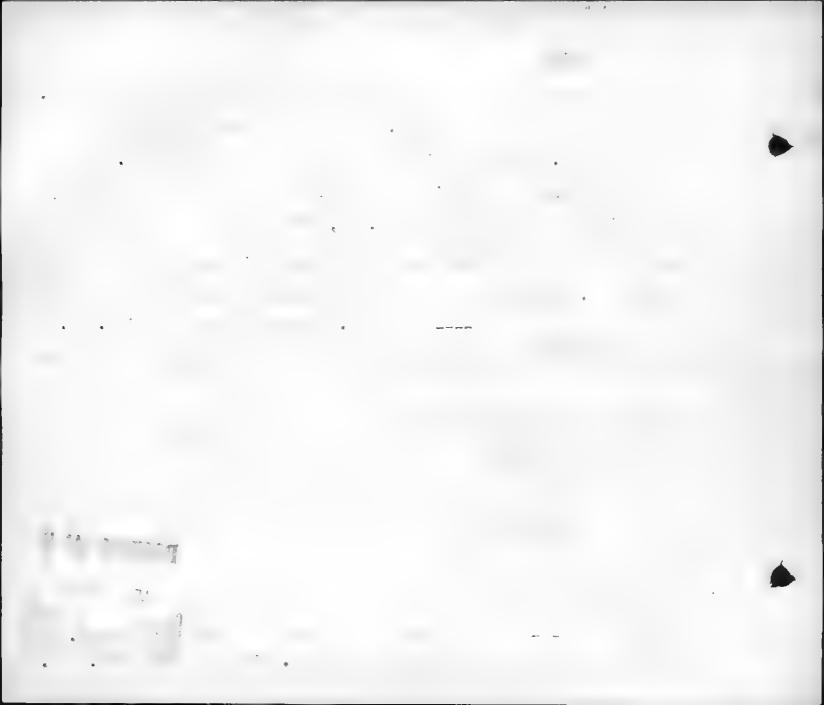
M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 () 2(142

CERTIFICATE OF DEATH 2025

Reg. Dist. No. 30 2-

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I PLACE OF DEATH:	2 USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY Washington MARYLAND	STATE Maryland COUR	NTY Wash.
CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give Harders town (in this place)		- 24 - 2
INSTITUTION OR INSTITUTION OR STREET ADDRESS Wash. County Hospital	STREET (If rural give location ADDRESS 1711 Penn. Ave.	) /
(Type of Frint)	Smith 4. DATE (Month) (Da of DEATH:	y) (Year) 19 <b>55</b>
Female White 7. SINGLE, MARRIED. 8. DATE WIDOWED BLUORGES Dec.	of Birth:  9. AGE last birthday: If UNDER I of Months: E	YEAR IF UNDER 24 HRS.
Ion. USUAL OCCUPATION Give kind of work done during most of working life, Housetimpife  Ion. USUAL OCCUPATION Give kind of IOD. KIND OF BUSINESS OF INDUSTRY:  Own Home  I3. FATHER'S NAME:	Mobley Missouri  14. Mother's Maiden Name:	CITIZEN OF WHAT
Richard B. Bucklin	Sarah Smith	
(Yes, no, or unk.) (If Yes, give war or dates of	rs. Loretta Wallace Phila	. Pa.
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  Immediate cause  Antecedent causes (5) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.  [b]  Output  Due To  (c)	les artino scherarios	Interval Between Onset And Death
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY ?
2I. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY)	Yes No STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURED While at Not While INJURY Work At Work	HOW DID INJURY OCCUR?	, _
22. I hereby certify that I attended the deceased from 2-/3	, 19 , to 6 , 19 , that I last	saw the deceased
alive on 2/6/19, and that death occurred at	from the causes and on the date	stated above.
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETER REMOVAL 1 Specify 2-9-55 Arlington	2 /	ourity (State)
	Scott F. Minnich & Son Ha	ADDRESS



20	36					
MARYLAN.	D STATE	DEPARTMEN	T OF HEAL	TH—BALTI	MORE,	18
MEDICAL	EXAM	INER'S	CERTIF	ICATE	OF	DEATH

Rd 20113

I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
county Washington MARYLAND	STATE Maryland COUNTY Washingt	On
CITY (If outside corporate limits, write RURAL   LENGTH OF STAY	CITY (If outside corporate limits write RURAL and give	
Town hateerstown 35 yrs.	OR TOWN Hager town	
HOSPITAL OR	STREET (If rural, give location)	,
Mailroad Yard Street address Western Md. Railroad Yard	ADDRESS 1052 Corbett Street	·
3. NAME OF (First) (Middle) DECEASED:	(Last) 4. DATE (Month) (Day)	(Year)
(Type or Print) Ralph Lester Sou	aders   DEATH Feb 13	19 55
DAOB. I WILDOWED DIVORCED	E OF BIRTII: 9. AGE last birthday: IF UNDER I YEAR 9. 14, 1901 53 Fr. Months Days	Hours   Min.
10a. USUAL OCCUPATION (Give kind of   10b. KIND OF BUSINESS O	OR   11. BIRTHPLACE (State or foreign country):   12. CIT	IZEN OF WHAT
work done during most of work life, even if retired Electrician Railroad	Newport News, Va.	US US
I3. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
Frank Souders	Anna Nycum	_
15. WAS DECEASED EVER IN U.S. ARMED FORCES (16. SOCIAL SECURITY No.; (Yes, no, or unk.) (If Yes, give war or dates of	17. INFORMANT & ADDRESS:	
no service) 214-10-4599	Mrs. Sarah Souders, Hag. Md.	
18. MEDIC	AL CERTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:	0:	TERVAL BETWEEN
Immediate cause (a)	otic coronary heart dimease	lyr
DUE TO	new coolingian	E
Antecedent causers)	nary occlusion	5min
Diseases or conditions, if any, (b) giving rise to the above cause DUE TO	1010 volume - v v v volume 70 - 10 vv v v v v v v v v v v v v v v v v v	** *********
stating underlying cause last (c)		
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
19a. DATE OF OPERATION:   19b. MAJOR FINDING OF OPERATION:	20	AUTOPSY?
none		Yes No Z
21a. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING OF CAUSE OF DEATH.  21b. PLACE (Home, farm, fectors) OF street, office bidg., etc	y, 21e. (City or town) (County)	(State)
21d. TIME (Month) (Day) (Year) (Hopr) 21e. INJURY OCCURRED While at Not while Not while work □ at work □	21f. HOW DID INJURY OCCUR?	/
22. I hereby certify that I took charge of the remains descri	bed above, held an Autopsy [], Inspection [2], In-	quiry [], and
find that death resulted from: Natural causes Z, Acci		
SIGNATURE ) SIGNATURE SIGNATURE SIGNATURE	U EXAM. DEPUTY MEDICAL EXAMINER 🖾 🥕	DATE SIGNED
fully fully ut,	M. D. ASSISTANT MEDICAL EXAM.	26.14155
REMOVAL (Specify):	RY OR CREMATORY LOCATION (City, town, or county	) (State)
Burial Feb 15 1055 Rest Have	27 Cemetery   Hagerstown,	ADDRESS
THE 4.1955 Shash Lowers	Scott F Minnigh & Son Hag	

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carefully.	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED	ton
carefull legibly.	COUNTY Washington MARYLAND	STATE COUNTY	ig, ton
	CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	CITYIIf outside corporate limits, write RURAL as	ad give nearest town)
ion	OR and give nearest town) TOWN Hagers town  [in this place] Week	Town Hagerstown	of the second
nat ly	HOSPITAL OR	STREET (If rural give location)	1
information	institution or street address Wash County Hospital	119 North Ave	
in			ay) (Year)
m of in death	DECEASED: (Type or Print) SAMUEL WINTER SOW	ERS DEATH. Feby 1	1 1955
		OF BIRTH:  9. AGE last birthday   IF UNOER 1 YO	EAR IF UNDER 24 HRB.
	Male White Smitried Aug 2	36 1868   86 yrs.	Hours   Min.
every	10A. USUAL OCCUPATION (Give kind of 10B KIND OF BUSINESS work done during most of working life. OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):   12	CITIZEN OF WHAT
e a	Real Testate Broker	OT COL COLINE D MU.	DA
ppl	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
	Samuel Sowers	Sarah Kreps	
K. Wri	15, WAS DECEASED EVER IN U.S. ARMED FORCES! 18. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:	
	(Yes, np, or unk.) (If Yes, give war or dates of service)	Mrs Enna Heller Sowers	
	18. MEDICAL CERTIFICAT		INTERVAL BETWEEN
UNFADING sicians: plea	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH)	14114	ONSET AND DEATH
ī	42'1	emp.	a.k.
A P	IMMEDIATE CAUSE (AY 2) NUMBER	onles generalized	dues
TH UNFAI	ANTECEDENT CAUSE (8)	1th + 9 +	. 11
	DISEASES OR CONDITIONS, IF ANY, (E) 2 // (E)	edisa ablavious verplee	rules
WITH nt. Phy	STATING UNDERLYING CAUSE LAST.	ted quarticals	in del
<b>j-4</b>	(C)		0
AINLY, Wimportant.	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
LY	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
Z	194. DATE OF OPERATION:   198. MAJOR FINDINGS OF OPERATION	N	20. AUTOPSY?
- 1	0 -		YEB NO
est	21A. ACCIDENT WAS UNDERLYING   218. PLACE (Home, farm, fact	tory. 21c. WHERE DID (City or town) (Count	y) (State)
WRITE PL especially	OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)		
VR es	OF (NJURY OCCURRED While Not white	21F. HOW DID INJURY OCCUR?	
rin .	M. at work at work	1 41	
	22. I hereby certify that I attended the deceased from	1 . 1957, to clark 19 that I last	saw the deceased
	alive on 2-10.1955, and that death occurred at	5.20AM, from the causes and on the date s	
TYPE rect ag	alive on , 190., and that death occurred at		E SIGNED
E TYI	V7. T 411. 11/2	11	ストルコン
ASE		ERY OR CREMATORY   LOCATION (City, town, or	county) (State)
A	_REMOVAL (SPECIFY)		
PLE	2012018	enetery near Clear Springs	l ld
<u>D</u>	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	Andrew K. Coffman Hagers	ADDRESS
	1201 21/13 4 Mass. 1.1200000	THULL W W. CONTHUM DESELS	ROAIT WIT.

BURLLIU V. S.

FEB ....

please write the

Physicians:

important.

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.07 OR age

correct

WRITE

TYPE

PLEASE

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causes of death clearly and legibly.

DATE REC'D BY LOCAL

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MADVE AND OWNER DED A COMMENTAL		DAT MULADE 40	02045
MARYLAND STATE DEPARTMEN	T OF HEALTH—	alph Young	- 4043
2038 CERTIFICATE	E OF DEATH	Reg. Dist.	No.302
1. PLACE OF DEATH:	2. USUAL RESIDENC	E (HOME) OF DECEASED	ton
county Wasnington MARYLAND	STATE	COUNTY	ton
CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town) (in this place)	CITY If outside corp	orate limits, write RURAL a	nd give nearest town)
OR and sive nearest town) (in this place) TOWN Hagerstown 2 Weeks		rstown	
HOSPITAL OR INSTITUTION OR	STREET ADDRESS	(If rural give location)	1
or street Address Mash. County Hospital	36 Last	ashington St.	
3. NAME OF (First) (Middle) DECEASED:	(Last)	4. DATE (Month) (I	Omy) (Year)
(Type or Print) NARY CLARA SPES	SSARD	DEATH: PEDY	
RACE: WIDOWED, DIVORCED,	of BIRTH: 9. AI	GE last birthday   IF UNDER 1 v	ays Hours Min.
10A. USUAL OCCUPATION (Give kind of, 108 KIND OF BUSINESS		e or foreign country):  12.	CITIZEN OF WHAT
work done during most of working life, OR INDUSTRY:	Hagersto	wn l.d.	COUNTRY?
13. FATHER'S NAME:	14. MOTHER'S MAIDE		
George Greenawalt	Lucy Green	awalt	
15. WAS DECEASED EVER IN U.S. ARMED FORCEST   19. SOCIAL SECURITY NO.	17. INFORMANT & A	DDRESS:	
(Yes, no. or unk.) (If Yes, give war or dates	Clifford A	. Spessard	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  3311-X IMMEDIATE CAUSE ANTECEDENT CAUSE (8)  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  18. MEDICAL CERTIFICAT  (A) DUE TO	al Alesto	Peccy	INTERVAL BETWEEN ONSET AND DEATH
(C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING			
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
194. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION	N		20. AUTOPSY?
<u></u>			YES NO
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factor CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (1F EITHER, NOTIFY MEDICAL EXAMINER)	etc. INJURY OCCUR?	(City or town) (Count	y) (State)
OF INJURY  OF INJURY  OF INJURY  M.   21E INJURY OCCURRED While   Not while   at work   at work   at work	MF. HOW DID INJU	JRY OCCUR?	
22. I hereby certify that I attended the deceased from 15/	13 519 , to//	that I last	saw the deceased
	. D. Carlina	1108 or LINA	signed 953
_REMOVAL (SPECIFY)	Cometery	Hagerstown w	county / State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRE		ADDRESS

Andrew K.

Coffman Hagerstown Ed

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#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

The	MARTIDAND SIA	IL DEI ARTHURIN	I OF HEALTH	-BALTIMORE, 16	
	2940 CI	ERTIFICATI	E OF DEAT	CH Reg. Dist	. No. 30X)
full oly.	1. PLACE OF DEATH:		2. USUAL RESIDE	NCE (HOME) OF DECEASE	D:
careful	COUNTY Washington	MARYLAND	STATE Md.	COURTY Wash	1.
of information carefully.	CITY (If outside corporate limits, write RUR and give nearest town)  TOWN Hagerstown	AL LENGTH OF STAY (in this place)  1 vear	OR	corporate limits, write RURAL	and give nearest town
format	HOSPITAL OR INSTITUTION OR		STREET	(If rural give location)	,
forn	S/ STREET ADDRESS Washington Co.	. Hospital		4 N. Potomac St.	
inf of		(Middle)	(Last)	4. DATE (Month) (	Day) (Year)
m of i	DECEASED: (Type or Print) Sherman	L St	einer	OF DEATH: 2	3 19 55
ite	male   Sex:   6. COLOR OR   7. SINGLE. MARCE:   WIDOWED,   Specify): male   Specify   Specify): male   Specify   Specify	DIVORCED.	7.004	30 yrs. Months	Days Hours Min.
r every	10A USUAL OCCUPATION (Give kind of) 10B. H	CIND OF BUSINESS		State or foreign country):  12	CITIZEN OF WHAT
ev	area if actional	or industry: rchilds	W. Va.		U.S.A.
pply the	13. FATHER'S NAME:	CHARCO	14. MOTHER'S MA	AIDEN NAME:	
Supply every te the causes	Edward M. Steiner		Della	Biser	
UNFADING INK, Su sicians: please write		. SOCIAL SECURITY NO.	17. INFORMANT &	ADDRESS:	
	(Xes, no, or unk.) (If Yes, give war or dates of service)	36-28-5642	Thelma J. S	Steiner Hagerstov	wn. Md.
	18.	MEDICAL CERTIFICAT	ION		INTERVAL BETWEEN
	I DISEASES OR CONDITIONS DIRECTLY LEA	ADING TO DEATH	*		ONSET AND DEATH
AD s:	IMMEDIATE GAUSE	. Muem	de		3dog
Ian ian	ANTECEDENT CAUSE (8)		h. 11	4	
	DISEASES OR CONDITIONS, IF ANY, (E	, Cronce	Method	es	645
WITH at. Phy	GIVING RISE TO THE ABOVE CAUSE DUE	TO 1	Ditt 1	la '	,
WI It.	(0		wall k	last uslure	6-45
6-4	II OTHER SIGNIFICANT CONDITIONS CONT. TO THE DEATH BUT NOT RELATED TO THE				1
F G	DISEASE OR CONDITION CAUSING DEAT	Н			
Ami	19A. DATE OF OPERATION: 198. MAJOR FIN	NDINGS OF OPERATION	V		20. AUTOPSY?
PL					YES HO
WRITE PLAINLY, especially importa	21a. ACCIDENT WAS UNDERLYING   21b. I OR CONTRIBUTING   CAUSE OF DEATH OF IN (IF EITHER, NOTIFY MEDICAL EXAMINER)	PLACE (Home, farm, fact JURY atreet, office bldg.,	etc. INJURY OCCUP	(County or town) (County)	ty) (State)
	OF INJURY W	hile Not while work	21F. HOW DID II	NJURY OCCURT	
O 8	22. I hereby certify that I attended the d	leceased from 1.2/1	19. , to 2/	3 , 19 ., that I last	saw the deceased
TYPE rect ag	alive on 2/3/55, 19 and th	at death occurred at	250M, from th	e causes and on the date	
r Y ect	SIGNATURE		ADDRESS	1 17	TE STONED
	A Coche fulling		D. Heller	Joson Ma	79/54
PLEASE cor	23. BURIAL, CREMATION DATE-THEREOF REMOVAL (SPECIFY)		ERY OR CREMATORY	Berkeley Spring	
LE	Burial 2-7-55 V	Greenway	24. FUNERAL D		ADDRESS
P4	Jeb. J. 1955 Charty	Bowers	Fred W. Krai		
	////				

MARGIN RESERVED FOR BINDING

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## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02045

2041

### CERTIFICATE OF DEATH Reg. Dist. No. 342

>			
K )	1. PLACE OF DEATH	2 USUAL RESIDENCE (HOME) OF DECEASE	D:
	COUNTY Washington MARYLAND	STATE Penna COUNTY Frank	clin
-	CITY (If outside corporate limits, write RURAL LENGTH OF STAY	CITYIIf outside corporate limits, write RURAL a	
information clearly and	or and give nearest town) (in this place) Town Hagerstown 14 days	TOWN Waynesboro	40 E. A.
forma early	HOSPITAL OR Garlock Memorial	STREET (If rural give location)	
nfor	STREET ADDRESS Convalescent Hospital	12 Tritle Ave.	V
			Day) (Year)
em of i	(Type or Print) Redessa Ellzadeth St	cevens of DEATH: Feb	8 1955
of it	RACE: WIDOWED, DIVORCED,	9. AGE last birthday   Months   D	
G every auses	IOA. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS	11. BIRTHPLACE (State or foreign country):  12.	CITIZEN OF WHAT
	work done during most of working life, even if retired):  OR INDUSTRY: HOUSE WIFE	Dicky's Run, Franklin Co, Pa.	COUNTRY?
Supply te the c	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
Sup Sup	Jacob Houpt	Ellen Sites	,
R BI K. Su write	18. WAS DECEASED EVER IN U.S. ARMED FORCES: 18. SOCIAL SECURITY NO. (Yes, no, or unk.) (If Yes, give war or dates	17. INFORMANT & ADDRESS:	Tritte an
FOI INI	no of service) none	man Wardlittman	boro, a.
D F G I	18. MEDICAL CERTIFICAT	TON	INTERVAL BETWEEN
SRVE ADIN s: pl	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
	IMMEDIATE CAUSE (A) CONEMY )	temorrhadi	2 dage
r RESI UNF	ANTECEDENT CAUSE (S)	1-1-1	
E Dis	DISEASES OR CONDITIONS, IF ANY, (B) GYTEYED JC	Centis Carchis Varala desires	1047
GIN ITH Phy	GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST.		
RG WI	(C)		
MAR NLY, W portant.	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE		
M. INLY mport	DISEASE OR CONDITION CAUSING DEATH.		<u>.</u>
TAIN I'm	194 DATE OF OPERATION. 198. MAJOR FINDINGS OF OPERATION	4	20. AUTOPSY7
	100		YES NO Y
RITE PI	21A. ACCIDENT WAS UNDERLYING OF INJURY street, office bldg., (IF EITHER. NOTIFY MEDICAL EXAMINER)	tory, 21c. WHERE DID (City or town) (Count etc. INJURY OCCUR?	ty) (State)
₩ 0	OF "INJURY OF "M. at work at work and the control of the control o	21F. HOW DID INJURY OCCUR?	
O.R. e		100 464 100 1111	
- 20	22. I hereby certify that I attended the deceased from 27		
	alive on 7 feb, 1957, and that death occurred at	10!40 M, from the causes and on the date	stated above. re signed
E TY1	F. F. Tusky MW	. D 2300 Potens 10	Fl TI
	120. DOMAE, STEMATION, DATE THEREOF TRAME OF CEMETE	ERY OR CREMATORY   LOCATION (City, town, or	county) (State)
PLEA	Burial 2/11/1955 Fairview Com	metery Mercershurg	Ponna
P	DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	Penna Address
	MEGISTRAM, 1955 StanffBruck	Walter Grove Wayneshoro	Pe



### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 ()2()49

2042 CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:	2 USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY Washington MARYLAND	STATE Maryland. COUNTY Wash.
CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town) Hagerstown  50 yrs.	
INSTITUTION OR STREET ADDRESSWASH. Co. Hosp.	ADDRESS 325 N. Locust Street
3. NAME OF (First) (Middle) DECEASED: (Type or Print) Mae Mattie St	rawsburg 4. DATE F(Month) (Year) 55
DAGO. WILLIAM DILIAM DILIAM COM	of Birth:  9. AGE last birthday: If UNDER 1 YEAR IF UNDER 24 HRS.  70 yrs Months Days Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): housewife Cown home	Hedgesville, W. Va.
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
James Carroll	Adelaide Ridenour
(Was no as and ) ( (TR N) - 1	R.J. Strawsburg, Hagerstown, Md.
18. MEDICAL CERTIFICATE	TON Interval Between
Immediate cause  Antecedent causes (s)  Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.  DUE TO	ving Sigmoid Colon 1 yr.
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing deat'  19a. DATE OF OPERATION: 19b. MAJOR FIN. INGS OF OPERATION  21. ACCIDENT SUICIDE (Specify) PLACE (Home, farm, factory, street of office bldg., etc.)	
HOMICIDE INJURY  TIME (Month) (Day) (Year) (Hour) INJURY OCCURED While at Not While	HOW DID INJURY OCCUR?
INJURY m. Work At Work	
	5,19 5.5, to 2 1 6, 19 5.5, that I last saw the deceased
alive on 2 , 19 5 5, and that death occurred at 4	1:34 P.M., from the causes and on the date stated above. ADDRESS DATE SIGNED
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETE REMOVAL (Specify)	71
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE  REGISTRAR	Cemetery Hagerstown, Md.
Jeon or so ray, //occes	Scott F. Minnich & Son Hag. Md

S. A15





FEB.17.

DOONS BORD

MD



#### MARYLAND STATE DEPARTMENT OF HEALTH

2043

2411 N. Charles Street, Baltimere

#### CERTIFICATE OF DEATH

	E OI INC. No.	)
I. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED.	
WASHINGTON MARYLAND	STATE WARYLAND WASH	INGSTON
CITY (If outside corporate limits, write RURAL and 1 LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and giv	nearest town)
OR give nearest town) TOWN HAGERSTOVY LO DAYS	TOWN KERDYSVILLE	X
HUSPITAL OR	STREET (If rural, give location)	1
STREET ADDRESS WASH, CO. HOSPITAL	MAIN S.	
3. NAME OF (First) (Middle) OO	(Last) 6. DATE (Month)	(Day) (Year)
(Type or Print) CHARLES - CLAYTON - I	HOMAS SP. DEATH FEBRUAR	V - 15 - 19 55
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED,	S. DATE OF BIRTH 9. AGE last birthday II under Months	Fyear   If under 24 hrs.   Days   Hours   Min.
10a. USUAL OCCUPATION (Give kind of work 10b. Kind of Business or	2EA1 - 12,12,12,1-2 - (2 Aut )	
done during most of working life, even if retired)   INDUSTRY		COUNTRY?
PAINTER HOUSE	KEEDYSVILLE WASH. Co. MD	LLISIA.
SAMUEL THOMAS  15. WAS DECRASED EVER IN U.S. ARMED FORCEST   16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS	
(Yes, no, or unknown) (If yes, give war or dates of NONE		200
IS. MEDICAL CEI	CHARLES C. THOMAS CIR. SHARPS BI	JKW IND.
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
	nin leade	
Immediate cause (a) Right her	mihreRrg	3 weeks
445 Antecedent cause(s) Hymertensive	andia research disease	E 37- (0)
Disease of conditions it any (0) " "	cardio-vascular disease	5 Yr. (?)
giving rise to the above cause stating the underlying cause last		
(9/7,9)		i
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not		
related to the disease or condition causing death. Second des	gree burn of right arm	3 weeks
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes [] No []
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, SUICIDE OF Office bidg., etc.)  HOMICIDE INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While	HOW DID INJURY OCCUR?	
INJURY m. Work At work		
22. I hereby certify that I attended the deceased from 1950	, 19, to Feb. 15, 19 55 that I last s	Ab - J 1
Pah 3.4 EE	O DOA	aw the deceased
alive on Geb. 14155, and that death occurred at	2:30Am., from the causes and on the date at	ated above.
SIGNATURII (Degree or title)	ADDRESS	DATE SIGNED
1/1 X me any 11 2	Sharpsburg, Md.	
23. BURIAL, CREMATION   DATE THEREOF   NAME OF CEMETER	RY OR CREMATORY   LOCATION (City, town, or count	y) (State)
REMOVAL (Specify) TEB 17 1955 FAIRVIEW	CEMETERY KREDYSYILLE W	ASH.CO.MD.
DATE REC'D BY LOCAL I REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Feb. 17.1955 Exast Doevers	WW.F. BAST AND SONS BOOMSB	020_ MD.

The correct age DR. SHEALY M PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information marefully. is especially important. Physicians: please write the muses of death mearly and legibly. MARGIN RESERVED FOR BINDING

VS. A15

S 7 77 ...

The second second

BUREAU V. L.

SECEIVE 1955

	4 had		0	
	RECORD, Every	. PHYSICIANS	Exact statement	
FOR BINDING	IS A PERMANENT	stated EXACTLY	properly classified.	certificate.
MARGIN RESHRVED FOR BINDING	N. BWRITE PLAHALY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. EVERY I	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of	TION is very important. See instructions on back of certificate.
V. S. No. 1	N. BWRITE PLANTY	mation should be ca	CAUSE OF DEATH	TION is very impor

2044 STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	02054
County WASHINGTON	Registration Dist, No.
Village or City HAGERSTOWN	NOWA SHINGTON COUNTY HOME St., 2 Ward death occurred in a horpital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?
74 Langth of residence in either than the state of the Co	death occurred in a hospital or institution, give its NAME instead of street and number)
	ideath occurred in a horpitation institution, give its NAME instead of street and number)  i ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME MERTON A. THOMAS	
(a) Residence: No. ** WASHINGTON COUNTY (Usual place of abode)	HOSE / Ward. HOSPITAL  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH
MALE WHITE WIDOWED	FEBRUARY 6th, 1955 (Day) (Year)
5e. If marriad, widowed, or divorcad HUSBAND of	22.   HEREBY CERTIFY. That   attended deceased from
(or) WIFE of CARRIE MUNSON	DAN 1154 19 to FEB 6 1935
6. DATE OF BIRTH (month, day, and year) 12/19/1871	Hast saw h. 1 alive on FEB 5 , 19 5 ; death is said
7. AGE Yeers Months Days If LESS than	to have occurred on the date stated above, at 2: 40 Pm.
88 2 1 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work dona, as SPINNER.	Gete of onset
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc.  9. Industry or business in which NEW SPAPER	CEREBRAL HAR MORRUAGE FERS,
kind of work done, as SPINNER, SAWYER, BOOKKEPPER, atc.  9. Industry or business in which NEW SPAPER work was done, as SIK MILL, HEARLD MAIL  10. Data deceased last worked at 11. Total time (years)	1955
10. Date deceased last worked at this occupation/(month and spant in this	33.8
year) 6 Society September 1	Other Costributory Causes of Importance:
12. BIRTHPLACE (city or town) ROHRERSVILLE , MD.	JENILITY 2,0724.
(State or country)	
13. NAME Joshua Thomas  14. BIRTHPLACE (city or town)	Ola de la constantina della co
4 14, BIRTHPLACE (city or town) (State or country)	Name of operation
	What test confirmed diagnosis? Was there an autopsy?
the latest the second s	23. If death was due to external causes (VIOL ENCE) fill in elso the following:
O 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
17. INFORMANT AIR. FIFEFT SAYLLR	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Addrass) MAGLI SIDVIN	
18 BURIAL CREMATION, OR REMOVAL Hager lowy 11x	Manner of injury
Piace The Italy Data 7-1955	Natura of injury
19. UNDERTAKERY / Morment !	24. Was disease or injury in any way related to occupation of deceased?
(Addrass) fagerslawn, Md.	If so, specify
20. FILED	(Signad) M. D.
Registrar.	(Acdress) Serveller System

#### UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:	•	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FORTHER STATEMENTS BY PHYSICIAN				
 *				
 411				
11/61				
· · · · · · · · · · · · · · · · · · ·				

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

	2045	CERTIFICATE	OF DEAT	H Reg.	Dist. No. 302
and legibly.	1. PLACE OF DEATH:  COUNTY "Shington CITY (If outside corporate limits, write OR and give nearest town)  TOWN Hagerstown	RURAL LENGTH OF STAY (in this place)	STATE CITY(If outside co	COUNTY	RAL and give nearest town)
clearly a	HOSPITAL OR	unty Hospital	STREET ADDRESS Dual H	(H rura) give loca	ation)
death cl	3. NAME OF (First) DECEASED: (Type or Print) GETEVIEVE 5. SEX. 16. COLOR OR .7. SINGLE	PAULINE TO	Lest) PPER	4. DATE (Month) OF DEATH- Feb	
of	RACE: WIDOV	VED, DIVORCED, July	9 1920	34 yrs. Month	
the causes	work done during most of working life, level if retired to Chanta	or industry:	Dunbar Pa	B	COUNTRY
please write	ROY HUERES  15. WAR DECRASED EVER IN U.S. ARMED FORCES  (Yes, no, or unk.) (If Yes, give war or dates  of service)	18. MEDICAL CERTIFICAT	17. INFORMANT &	ADDRESS:	
Physicians:	I DISEASES OR CONDITIONS DIRECTLY  2/2X IMMEDIATE CAUSE  ANTECEDENT CAUSE (8') DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(A) Stoletiste DUE TO  (B) DUE TO	V Bronches -	bourses is	INTERVAL BETWEEN ONSET AND DEATH
important.		OTHE DEATH, R FINDINGS OF OPERATION	lobe fell !	lung,	20. AUTOPSY?
is especially	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINE)  21D. TIME (Month) (Day) (Year) (Hour)  OF INJURY		ory, 216. WHERE DI	D (city or town) (	County) (State)
correct age i	23. BURIAL, CREMATION, DATE THER REMOVAL (SPECIFY) BURIAL 2/19/5	nd that death occurred at	ADDRESS D. MAGNATORY COLLEGE TV 24 FUNERAL DII	LOCATION (City, town	date stated above.  DATE SIGNED  Vin, or county) (State)  ADDRESS

MARGIN RESERVED FOR BINDING

The

UNFADING INK. Supply every item of information carefully.

VS. A15 -- 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH

2046 CERTIFICAT	Reg. Dist	No. 20
I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
county Washington MARYLAND	STATE M. COUR	NTY Wash.
CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town) (in this place)		
O3TOWN Ha erstown 3 weeks	Town rural Smithsbur	rg X
HOSPITAL OR INSTITUTION OR	STREET (If rural give location	)
STREET ADDRESS Washington Co. Hospital	RFD #1	
3. NAME OF (First) (Middle) DECEASED: T	(Last) 4. DATE (Month) (Da	y) (Year)
(Type or Print) Leavy Victoria Ir		26 19 55
RACE: WIDOWED, DIVORCED.	OF BIRTH: 9. AGE last birthday: IF UNDER 1 1	CEAR IF UNDER 24 HRS.
remaie ville (Specify): married Aux.	24. 1884 70 yrs.	
10a. USUAL OCCUPATION. Give kind of 10b. KIND OF BUSINESS O work done during most of working life, INDUSTRY:		COUNTRY?
even if retired) housewife own home	Garfield, Md.	
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
Samuel Smith		
15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No.: 17 (Yes, ro, or unk.) (If Yes, give war or dates of		3 243
4 no service)	ete Tracey, Smithsburg, RFD	I, Md.
18. MEDICAL CERTIFICAT	10N	Interval Betwee
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		Onset And Deat
Immediate cause (a) Lo erela af	Ham onlage	4 wite
Antecedent causes (s)	11 - 1 -	1
Diseases or conditions, if any, giving rise to the above cause	Heart of weare	40 72
stating the underlying cause last. DUE TO		10000
(c) artery -	Scherory	1090
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not		
related to the disease or condition causing death.  19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY ?
		Yes No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, stree OF office hide, etc.)	t. (CITY OR TOWN) (COUNTY)	STATE)
HOMICIDE INJURY		
TIME (Month) (Day) (Year) (Hour) INJURY OCCURED While at Not While	HOW DID INJURY OCCUR?	
INJURY m. Work At Work	7	
22. I hereby certify that I attended the deceased from pet-	2.,1955, to Let 2.6 195 Strat I last	
alive of 26, 1940., and that death occurred at .		stated above.
4 G. Kolelen m. D	Smithstong	2/25/24
23. BURIAL, OREMATION, DATE THEREOF NAME OF CEMETE	RY DR CREMATORY   LOCATION (Pity, town, or	funty) State)
burial 3-1-55 Mt. Bethe	Carfield Md	
PATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
May 11 100 10 May 11 Jacobou	Scott F. Minnich & Son, Sm	itnsburg

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2961 **8 MAM** 

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#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2047	CERTIFICATE	OF	DEATH

Reg. Dist. No. 302

604				
1. PLACE OF DEATH		2. USUAL RESIDEN	CE (HOME) OF DECEAS	SED:
COUNTY Washington	MARYLAND	STATE Md.	COUNTY WE	shington
CITY (If outside corporate limits, write RUR/ OR and give nearest town) Hagerstown	LENGTH OF STAY (in this place) 4 days	OR	rporate limits, write RURA	L and give nearest town)
HOSPITAL OR	7 (14)	STREET	(If rural give location	on)
TINSTITUTION OR STREET ADDRESS Washington Co.		ADDRESS 71	OW. Franklin St	.,
DECEASED:	_	(Last) urner	4. DATE (Month) OF 2 DEATH:	(Pay) (Year) 22 19 55
female 6 COLOR OR 7. SINGLE, MA WIDOWED, (Specify) ma:	DIVORCED.	of Birth: 9.	AGE last birthday Ir unorm 62 yrs. Months	
	IND OF BUSINESS R INDUSTRY: NOME	Chambersbuit	ate or foreign country): [1	2. CITIZEN OF WHAT
13. FATHER'S NAME:		14. MOTHER'S MAI	DEN NAME:	
Harry Yeager		Sarah Gate		
(Yes, po, or unk.) (If Yes, give war or dates	SOCIAL SECURITY NO.	17. INFORMANT &	ADDRESS:	
no of service)	none	Max G. Turner	Hagerstown, N	id.
	MEDICAL CERTIFICAT	TION		INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEA		0 1		ONSET AND DEATH
IMMEDIATE CAUSE (A	· Cerebra	2 Lemorrha	se	4 days
ANTECEDENT CAUSE (8)	то		7	
DISEASES OR CONDITIONS, IF ANY,		//_		
STATING UNDERLYING CAUSE LAST.	ТО			
(C		/		
TO THE SIGNIFICANT CONDITIONS CONTE TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATI	the se	stenson.		
194. DATE OF OPERATION: 198. MAJOR FIN	DINGS OF OPPATIO	N		20. AUTOPSY?
me 0				YES NO
21a. ACCIDENT WAS UNDERLYING   218. F OR CONTRIBUTING   CAUSE OF DEATH (1F EITHER, NOTIFY MEDICAL EXAMINER)	LACE (Home, farm, fac- JURY street, office bldg.,	tory. 21c. WHERE DIE	City or town) (Co	unty) (State)
OF INJURY WI	e INJURY OCCURRED	2 TF. HOW DID IN.	JURY OCCUR?	
22. I hereby certify that I attended the de	eceased from Jul.	18. 190 V. to	. 22 . 19 c. that I le	ast saw the deceased
344 / 1 /		/2:34/.M, from the	causes and on the dat	e stated above.
23. BURIAL, CREMATION, DATE THEREOF		ERY OR CREWATORY	LOCATION (City, town,	or county) (State)
REMOVAL (SPECIFY) 2-26-55	Rest Haven	//	Hagerstown	Md.
DATE REC'D BY LOCAL REGISTRAR'S SH	GNATURE	24. FUNERAL DIE		ADDRESS
REGISTRAR 3, 1955 Lotias F.	Zowers	Fred W. Krai	ss Hagerstown	, Md.

VS. A15-10-53

MARGIN RESERVED FOR BINDING

FLAINLY, WITH UNFADING INK.

PLEASE TYPE OR WINDE

Supply every item of information carefully. The



2079 CERTIFIC	CATE OF DEATH Reg. Dist.	No. 302
I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED	l:
COUNTY Washington  C.TY (If outside corporate limits, write RURAL) OR and give nearest town)  Town Maugansville HOSPITAL OR INSTITUTION OR STREET ADDRESS Maugansville Memo. Home	CITY If outside corporate limits, write RURAL at OR TOWN Green Township, Chamb. I STREET (If rural give location) ADDRESS	nd give nearest town)
3. NAME OF DECEASED: (First) (Middle) DECEASED: (Type or Print) ISAAC Ellsworth  5. SEX.   6. COLOR OR   7. SINGLE. MARRIED,   8 WIDOWED, DIVORCED.   10 KIND OF BUSING WORK done during most of working life.   OR INDUSTRY:  10A. USUAL OCCUPATION (Give kind of vorking life.   OR INDUSTRY:  11A. FATHER'S NAME.  Michael Wagner	Wagner DEATH: Feb. 7  B DATE OF BIRTH 9. AGE last birthday, Ir under 1 y  Sept. 4, 1876 78 78 5  INESS 11. BIRTHPLACE (State or foreign country): 12	Hours Min.
IS WAS DECEASED EVER IN U.S. ARMED FORCEST   18. SOCIAL SECURIT		
(Yes, no, or ank.) (If Yes, kive war or dates NONE	Samuel Lehman, Chambersburg I	Rt.#2
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEA'  IMMEDIATE CAUSE (A) Cerebr  ANTECEDENT CAUSE (S)		INTERVAL BETWEEN ONSET AND DEATH
DISEASES OR CONDITIONS, IF ANY. (B) Coretr	tinsive Viculia Dise ie	Uncentain
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  19A DATE OF OPERATION: 1 198. MAJOR FINDINGS OF OPERATION: 1 198. MAJOR FINDINGS OF OPERATION: 1 198.		
ISA BATE OF OPERATION: 138. MAJOR FINDINGS OF OP	PERATION	20. AUTOPSY?
21A ACCIDENT WAS UNDERLYING 21B PLACE (Home, for CONTRIBUTING CAUSE OF DEATH OF INJURY street, of (if either, Notify medical examiner)	farm, factory. 21c. WHERE DID (City or town) (County mice bldg., etc. INJURY OCCUR?	
21b. Time (Month) (Day) (Year) (Hour) 21s INJURY OC While Not at work at w	while	
22. I hereby certify that I attended the deceased from	J-n , 193 , to Feb. 20195, that I last	saw the deceased
SIGNATURE Municipal Committee of the signature of the sig	MILE W. Wighington St. Pob.	e signed
REMOVAL (SPECIFY)	ersburg Mennonite Chambersburg, Pa	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR 1955 Chastizowerk	24. FUNERAL DIRECTOR Sellers Funeral Home, Chambers	ADDRESS

MARGIN RESERVED FOR BINDING UNFADING INK. PLEASE TYPE OR WRITE PLAINLY, WITH VS. A15 - 10 - 53

The

Supply every item of information carefully.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

# MARYLAND STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 303

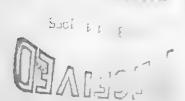
I. PLACE OF DEATH.	I 2. USUAL RESIDENCE (HOME) OF DECEASED-	
L. PLACE OF DEATH- COUNTY CAShing ton MARVIAND	STAFaeyland Washington	
CITY (If outside corporate limits, write RURAL and   LENGTH OF STAY		vn)
OR give nearest town (In this place) TOWN Harerstown (In this place)	Town Hagerstown	- M
HOSPITAL OR	STREET (If rural, give location)	1
STREET ADDRESS 404 Appowell Ave	ADDRESS 404 McDowell Ave	- 1
3. NAME OF (First) (Middle)	(Last'   4. DATE (Month) (Day)	(Year)
DECEASED	VALKER OF Feor 5 1955	19
5. SEX 16. COLOR OR RACE 17. SINGLE MARRIED	8. DATA OF BIRTH   19. AGE isst birthday   If under 1 year   If under 1	
Fenale White Widowed, Specify) Widow	Nov 16 1874 80 yrs. Months Days Hour	rs   Min
10a. USUAL OCCUPATION (Give kind of work   19b. Kind of Business on	11. BIRTHPLACE (State or foreign country) 12. CITIZEN O	F WHAT
done during most of working life, even if retired) INDUSTRY HOME	Hagerstown h.d. Country A	
13. FATHER'S NAME		
Jacob Renner	Sarah Ann Liddlekauff	
15. WAS DECRASED EVEN IN U.S. ARMED FORCES? 1 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS	
(Yes, no, or unknown) (II yes, give war or dates of None		
IA. MEDICAL C		
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL I	
3.11	70	
Immediate cause (a) acute ceret	oral hemorrhage	n
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last  (c)  11. OTHER SIGNIFICANT CONDITIONS		
Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION	20. AUTO	P9Y1
None -	Yes 🗆	No D
21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF office bidg., etc.) CAUSE OF DEATH.	(CITY OR TOWN) (COUNTY) (STAT	re)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED  OF While at Not while work at work	HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an obtained by said Autopsy, Inspection or Inquiry, find that said deform; notural causes of accident, suicide, homicide, SIGNATURE (Degree on the later of	Chundetermined	
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMET	ERY OR CREMATORY LOCATION (City, town, or county) (S	State)
REMOVAL (Specify) 2/10/55 Rose Hill		
DATE HEC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRES	_
528.10.1955 Chast 120coers	Andrew K. Cofinan Hagerstown N	43

The correct age

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING









BUREAU V. K.

FEB 11 1955

OBAISSEM

Rose Hill Cemetery

24. FUNERAL DIRECTOR

C. M. Suter & Sons, Hagerstown, Md.

REGISTRAR'S SIGNATURE

DATE REC'D BY LOCAL

à de l'Addini

(Day)

Days

12.

(Year)

Hours

COUNTRY

CITIZEN OF WHAT

20. AUTOPSY?

NO

(State)

(State)

YES [

(County)

1955

DEATH

REC'D BY LOCAL

BINDING

FOR

BRUE

SECENTED

MARGIN RESERVED FOR BINDING

VS. A15-10-53

MARYLAND STATE DEPARTMENT 2052 CERTIFICATE	1 2 2 2 2 2 1 2 1 2 2 2 2 2 2 2 2 2 2 2	02068
2052 CERTIFICATE	OF DEATH Reg. Dist.	No. 302
PLACE OF DEATH: "ashington	2. USUAL RESIDENCE (HOME) OF OECEASED	);
COUNTY MARYLAND	STATE Maryland county "ash	ington
CITY (If outside corporate limits, write RURAL LENGTH OF STAY on and give nearest town)  TOWN Hagerstown 8 months	CITY(If outside corporate limits, write RURAL a	nd give nearest tow
TOWN Hagerstown 8 months	Town Hagerstown	9 ÷
HOSPITAL OR INSTITUTION OR	STREET (If rural give location) AOORESS	,
) STREET ACORESS Martin Nursing Home	323 N.Potomac St	•
NAME OF (First) (Middle) (	Last) 4. DATE (Month) (I	Day) (Year)
(Type or Print) LEWIS PETERS WINGE	ERT DEATH: Feb. 7	, 19 55
RACE: WIDOWED DIVORCEO :	OF BIRTH: 19. AGE last birthday   IF UNDER 1 Y   Months   D	The second secon
ale White   (Specify) Married Sept.	4. 1872   82 yrs.	
USUAL OCCUPATION (Give kind of 108 KINO OF BUSINESS work done during most of working life. OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): 12.	CITIZEN OF WHA
even if retired: Farner Retired		J.S.A.
FATHER'S NAME		
Phillip H. Wingert	Eliza J. Firey	
NAS DECEASED EVER IN U.S. ARMED FORCEST 10. SOCIAL SECURITY NO. IN Do. of whk.) (If Yes, give war or dates of service) None	17. INFORMANT & ADDRESS:	
	Mrs. Bessie E. Wingert	
18. MEDICAL CERTIFICATI DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ON	INTERVAL BETWEE
	1/ 1	ONSET AND DEAT
IMMEDIATE CAUSE (A)	- Voranlar Jasia	35000
ANTECEDENT CAUSE (8)		
DISEASES OR CONDITIONS, IF ANY,	hum selerous	1090
VING RISE TO THE ABOVE CAUSE OUE TO TATING UNDERLYING CAUSE LAST.		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
TO THE DEATH BUT NOT RELATED TO THE		
DISEASE OR CONDITION CAUSING GEATH		
13		YES NO
ACCIDENT WAS UNDERLYING T 218, PLACE (Home, farm, factor)	ory. 21c. WHERE OIO (City or town) (Count	
A. ACCIDENT WAS UNDERLYING A 21B. PLACE (Home, farm, factor CONTRIBUTING CAUSE OF DEATH CITNER, NOTIFY MEDICAL EXAMINER)	etc. INJURY OCCUR?	) (Diate)
TIME (Month) (Day) (Year) (Hour)   21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
M. While Not while at work		-
. I hereby certify that I attended the deceased from	- 195 % to 2 - 1965 that I last	saw the decess
alive on 2 7 , 18 4 , and that death occurred at	52.M, from the causes and on the date s	saw the decease
SIGNATURE	ADDRESS DAT	stated above. E SIGNED
a. W Slub)	Mazershowky 3	155
REMOVAL (SPECIFY)	RY OR CHEMATORY   LOCATION (City, town, or	county) (Stat
Eurial 2-9-55 Rose Hill		Maryland
OATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
REGISTRAN 455 w aff Freezel'	Andrew K. Coffman-Hagersto	own, ind.

Andrew K. Coffman-Hagerstown, Md.



MARGIN RESERVED FOR BINDING

A15-

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2053 CERTIFICATE OF DEATH

RE, 18 ()2()64

Reg. Dist. No. 302

ly.	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED	: ,
legibly.	COUNTY WAShington MARYLAND	STATE Md. COUNTY W/MS/	binighens
l le	CITY (If outside corporate limits, write RURAL LENGTH OF STAY	C!TY(If outside corporate limits, write RURAL an	nd give nearest town)
pus	OR and give nearest town)  1 TOWN  1 AGERS TEWN  38 YES.	TOWN HADERSTOWN	
	HOSPITAL OR	STREET (If rural give location)	1
clearly	TISTITUTION OR WAShington County Haspital		end
h c	DECFASED	/ // OF #	(Year)
death	(Type or Print) OTHA EVANS U.	OO // DEATH: 2	20 19 10
of	Mule Color or 7. SINGLE, MARRIED, 8. DATE WIDOWED, DIVORCED, (Specify): Mancied April	OF BIRTH 9. AGE last birthday In UNDER 1 YE	AVE Hours Min.
causes	10A USUAL OCCUPATION (Give kind of 10B KIND OF BUSINESS work done during most of working life, OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):  12. (	CITIZEN OF WHAT
ne:	even if retired): Consposation   Building	Jonenset 6, PA.	U.S.
the	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
	HARRY 5. WOAlley	CATHERINE MillE	た
write	15. WAS DECEASED EVER IN U.S. ARMED FORCES! 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS.	GEN Rd.
	(Yes, no, or unk.) (If Yes, give war or dates 214-09-6162	Mes. Blom 5. Whipp Hagen	Estown Md.
please	18. MEDICAL CERTIFICAT	NOI	INTERVAL BETWEEN
p	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
13:	TO IMMEDIATE CAUSE (A) TULMON	ARY EMDOLUS	20 min.
Physicians	ANTECEDENT CAUSE (8)	A section of	2 1
V Si	DISEASES OR CONDITIONS, IF ANY, (B)	othron Dosis	3 days
띰	STATING UNDERLYING CAUSE LAST.	lation	1
ند	(C)	.001	6 days
important.	TO THE BEATH BUT NOT RELATED TO THE TO THE DEATH BUT NOT RELATED TO THE AREALD S	sclerosis Obliterans Leas	7 40005
DOI.	DISEASE OR CONDITION CAUSING DEATH		, CAR
ii	1Feb. 14 1955 ARTERIOSEROSIS		20. AUTOPSY?
IJ.			<u> </u>
especially	21A ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (1F EITHER, NOTIFY MEDICAL EXAMINER)	tory. 21c. WHERE DID (City or town) (County etc. INJURY OCCUR?	y) (State)
esp	21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while	21F. HOW DID INJURY OCCUR?	
92	M.   at work   at work		
90 D	22. I hereby certify that I attended the deceased from Feb	1.4., 1955, to F. D. 2.0., 1955, that I last	saw the deceased
ಭ	alive on Feb. 20, 1955, and that death occurred at	2 P.M. from the causes and on the date s	tated above.
ect	SIGNATURF //	. ADDRESS . A A DATI	E SIGNED /
correct		. D. HAGERSTOWN Md FR	SD. 71,33
ű		ERY OR CREMATORY LOCATION (City, town, or	
	Burial 2/22/50 REST HA		
	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR 1955	24. FUNERAL DIRECTOR  PETAL HOMOS FUNDOS / Ch	ADDRESS

(market)

item of info death of

> every causes

Supply the write INK. ease

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Physicians: UNE

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especially

OF INJURY

## MARYLAND STATE DEPARTMENT OF HEALTH_RALTIMORE

Dis

	0	2065	
t.	No.	302	

y. The	tem 9, pilmgl78 3-17-55 et CERTIFICATE	E OF DEATH Dr Graff Reg. Dist.
refully.	1. PLACE OF DEATH:  COUNTY Washington MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED ABNING STATE COUNTY
tion ca	CITY (If outside corporate limits, write RURAL on and give nearest town)  TOWN Hagerstown LENGTH OF STAY (in this place)  Week	CITY(If outside corporate limits, write RURAL as OR TOWN Hagers town
nformat	HOSPITAL OR INSTITUTION OR Wash. County Hospital	STREET (If rural give location) ADDRESS 28 So. Locust St.
2 0	2 NAME OF (First) (Middle)	(Lost)   A DATE (Month) (D

COUNTY Washington MARYLAND	Maryland Pashington STATE COUNTY
CITY (If outside corporate limits, write RURAL CENGTH OF ST. (in this place) TOWN Hagerstown 1 Week	AY CITY(If outside corporate limits, write RURAL and give nearest town)
HOSPITAL OR INSTITUTION OR Wash. County Hospital	STREET (If rural give location)
3. NAME OF (First) (Middle) DECEASED: (Type or Print) MARY ELIZABETH	YOUNG 4. DATE (Month) (Day) (Year) OF DEATH: Feby 3 195519
Fenale White Specify idow Fe  OA USUAL OCCUPATION (Give kind of working life, even if rether):  ON HOME  RACE: WIDOWED, DIVORCED, (Specify idow)  (Specify idow)  Fenale Widow  Fenale White Specify idow  OR INDUSTRY:  Own Home	St Thomas Pa. COUNTRY? USA
Martin C. Brandt	Mary Maxheimer
(Yee, no, or unk.) (If Yes, give war or dates of service)	Harry B. Young
1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  33/X IMMEDIATE CAUSE  ANTECEDENT CAUSE (8)  18. MEDICAL CERTIFIC  (A)  DUE TO	in worden failur lus.
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  (B)  (B)  (C)	terios eleción you.
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	spirtensin yu.
19a, DATE OF OPERATION: 19a, MAJOR FINDINGS OF OPERA	20. AUTOPSY?



WRITE

123 OR age TYPE correct

SE

PLEA

22. I hereby certify that I attended the deceased from 1-29, 1955, to 2-3, 1955, that I last saw the deceased , and that death occurred at alive on SIGNATURE

M, from the causes and on the date stated above. DATE SIGNED ADDRESS

21c. WHERE DID (City or town)

21F. HOW DID INJURY OCCUR?

INJURY OCCUR?

M. D. 23. BURIAL. CREMATION. DATE THEREOF NAME OF CEMETERY OR CREMATORY REMOVAL (SPECIFY) Haven Cenetery Rest

at work

218. PLACE (Home, farm, factory,

OF INJURY street, office bldg., etc.

21E INJURY OCCURRED
While Not while

at work

Hagerstown Md.

24. FUNERAL DIRECTOR **ADDRESS** andrew K. Coffman Hagerstown Md

Burial 2-5-55 DATE REC'D BY LOCAL

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21D. TIME (Month) (Day) (Year) (Hour)

(IF EITHER, NOTIFY MEDICAL EXAMINER)

LOCATION (City, town, or county)

(County)

(State)

(State)

- 10 - 53 A15.

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BECEINED

BUREAU V. S.

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TYPE OR

PLEASE

A15 - 10 - 59

VS.

MARGIN RESERVED FOR BINDING

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

2055

#### CERTIFICATE OF DEATH

***************************************				9	1,111 349
1. PLACE OF DEATH:		2. USUAL RESID	ENCE (HOME) OF D	ECEASED:	
COUNTY Washington MA	RYLAND	STATE Mar	vland county	Washingt	on
CITY Ilf outside corporate limits, write RURAL L	ENGTH OF STAY		corporate limits, write		
OR and give nearest town)	(in this place)	OR	44		to meaning would
Hagerstown :	16 years	TOWN H	agerstown		0.3
HOSPITAL OR	1	STREET	" (If rural give	location)	1
institution or street address 410 Jefferson Street		ADDRESS	10 Jefferson	Street	8
			A CONTRACTOR OF THE PARTY OF TH		
3. NAME OF (First) (Middle DECEASED:	) (L	est)	4. DATE (Mont)	h) (Day)	(Year)
	fus Za	hn	DEATH: Fel	b- 7	19 55
5. SEX   6. COLOR OR   7. SINGLE, MARRIEI	D. I B. DATE C		9. AGE last birthday IF		IF UNDER 24 HHS.
RACE: WIDOWED, DIVOR			M		Hours   Min.
mare white marri	ed Febura	ry 23, 1905	49 угв.	11 14	
10A. USUAL OCCUPATION (Give kind of 10B KIND of work done during most of working life. OR INC	OF BUSINESS	11. BIRTHPLACE	(State or foreign countr	y): 12. CITIZ	EN OF WHAT
		leardts Chur	ch, Wash. Co,	MA TT S	ATRY?
13. FATHER'S NAME:	etal Corp. 15	14. MOTHER'S M	AIDEN NAME	Md. U.S.	A.
14. LOTHER A GOMES		14, MOTHER S M	AIDEN NAME;		
Albert Zahn		Grace	Whitemore		
	L SECURITY NO.	17. INFORMANT	& ADDRESS:		
(Yes, no, or unk.) (If Yes, give war or dates of service)	09-8178	None Edma 7	alm III amanda	Manual I	
			ahn Hagerston		Challer on
	CAL CERTIFICATIO	N			RVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING	IO DEATM			ONE	ET AND DEATH
-5 -4 X	Vescul	ar hyperten	sion	7	J
IMMEDIATE CAUSE (A)	130001				4 mos.
ANTECEDENT CAUSE (S)	0.01110.0	erebral Ken	arrhana		30min
DISEASES OR CONDITIONS, IF ANY. (B)	acute c	GICHIGI MEN	57 1 110 E O		,
GIVING RISE TO THE ABOVE CAUSE DUE TO					
STATING UNDERLYING CAUSE LAST					
(C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUT	INC				
TO THE DEATH BUT NOT RELATED TO THE	ING				
DISEASE OR CONDITION CAUSING DEATH					
194. DATE OF OPERATION: 198. MAJOR FINDING	S OF OPERATION			20	. AUTOPSY7/
				YES	/
				13	
218. ACCIDENT WAS UNDERLYING   218. PLACE OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	(Home, farm, factor street, office bldg., ef	te INJURY OCCU	DID (City or town),	(County)	(State)
	URY OCCURRED	1 215 HOW DID	INJURY OCCUR?		
OF INJURY none M. While at work	Not while	ZIF. HOW DID	INJURY OCCURY		
OO The hard to the think the	100	10 52	11 25.	4 7 3	41 1
22. I hereby certify that I attended the deceas-		I			
alive on Feb. 5, 1953, and that de	ath occurred at 3	170 M. from t	he causes and on th	e date state	d above.
SIGNATURE (		·ADDRES	S	DATE SIG	
& KTheet nellomD	As I	115 N. Pot	omac St. Hag.,	Md - 2-8	3-55
23. BURIAL, CREMATION. DATE THEREOF	NAME OF CEMETER				ty) (State)
REMOVAL (SPECIFY)				John, or tour	· (incate)
Burial 2/10/55	Rose Hill Ce	metery	Hagerstown	Wash.	Maryl and
DATE REC'D BY LOCAL   REGISTRAR'S SIGNAT	URE //	24. FUNERAL I	DIRECTOR	AD	DRESS
JEG1918AR 1955 Corasti Bo	every	C. M. Suber	& Sons Hager	rstown, M	aryland

BUREAU V. A.

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FEB 11 1955

